

A black and white photograph of a woman in a lab coat looking through a microscope. The woman is in profile, facing right, with her head tilted down towards the eyepiece. She has dark hair pulled back. The microscope is a large, vintage-style model with a prominent objective lens and a stage. Her hands are visible, adjusting the base of the microscope; a ring is visible on her left ring finger. The background is dark and out of focus. In the upper right corner, the letters 'RN' are printed in a large, serif font, with 'Vol. 10' in smaller text below them, and 'Feb. 1947' in a cursive script below that.

RN
Vol. 10
Feb. 1947



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RN

—A JOURNAL FOR NURSES

NIGHTINGALE PRESS, INC., RUTHERFORD, N. J.

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Cover photo, courtesy Mills College, Oakland, Calif.

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registered nurses monthly. EDITOR: Dorothy Sutherland.
ASSOCIATE: Alice R. Clarke, R.N.; ART: Marjorie Pedretti.



For Gentle Hands

Gentle hands handling delicate infants deserve a gentle antiseptic. Zephiran chloride, though a powerful bactericidal agent, is nonirritating to babies' skin and mucous membranes in effective concentrations and leaves the nurse's hands soft and smooth. Furthermore, Zephiran chloride is very economical: 1 oz. of the concentrate makes 1 gal. of the most commonly used 1:1000 solution Aqueous Solution 1:1000, Stainless Tincture 1:1000 and Tinted Tincture 1:1000, bottles of 8 oz. and 1 gal. Concentrated 12.8% Aqueous Solution, bottles of 4 oz. and 1 gal.

ZEPHIRAN CHLORIDE

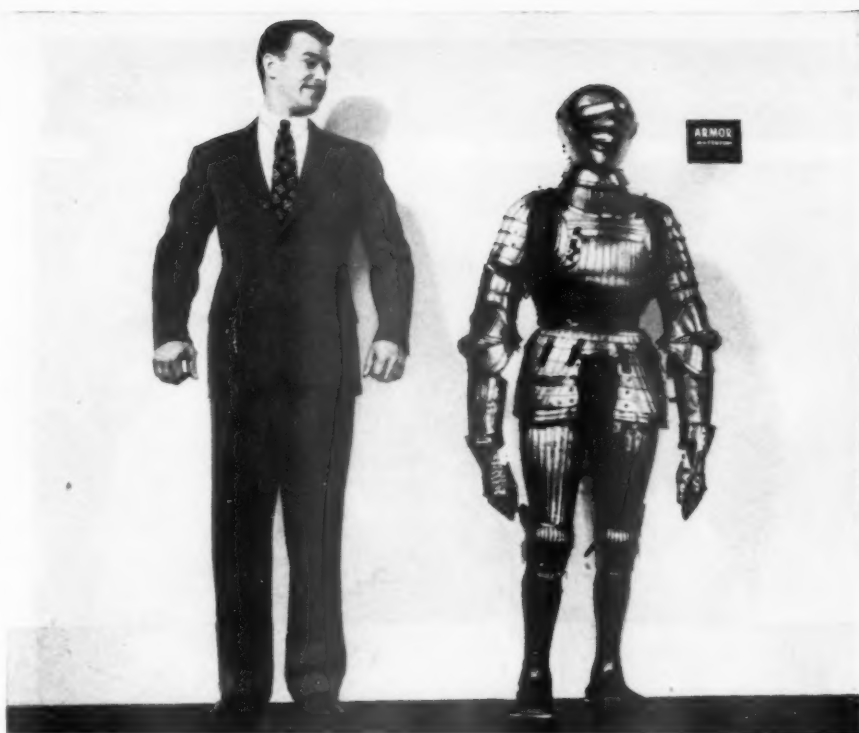
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The shell of our former selves!

Stand the average American man next to a knight of old, and you'll discover a surprising fact. By modern standards, our iron-clad ancestors were pretty undersized!

The human race has grown appreciably since medieval times. But the real news is how rapidly it's grown *recently*. For instance, the soldier of World War II—according to Selective Service figures—topped his 1917 counterpart by almost a full inch!

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many specialized talents—teamed up to turn National Dairy research into more and better foods for your table. And these, in turn, help advance the health of America. Just watch the *next* generation!

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NEWS ITEM, 1944

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Millions try different brands
—any brand they can get.

*According to a recent
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**MORE DOCTORS
SMOKE CAMELS**
than any other cigarette



Doctors too smoke for pleasure. Their taste recognizes and appreciates full, rich flavor and cool mildness just as yours does. And when three independent research organizations asked 113,597 doctors—What cigarette do you smoke, Doctor?—the brand named most was Camel!

EXPERIENCE

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*... and now the demand for Camels —
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DURING the war shortage of cigarettes... that's when your "T-Zone" was really working overtime.

That's when millions of people

found that their "T-Zone" gave a happy okay to the rich, full flavor and the cool mildness of Camel's superb blend of choice tobaccos.

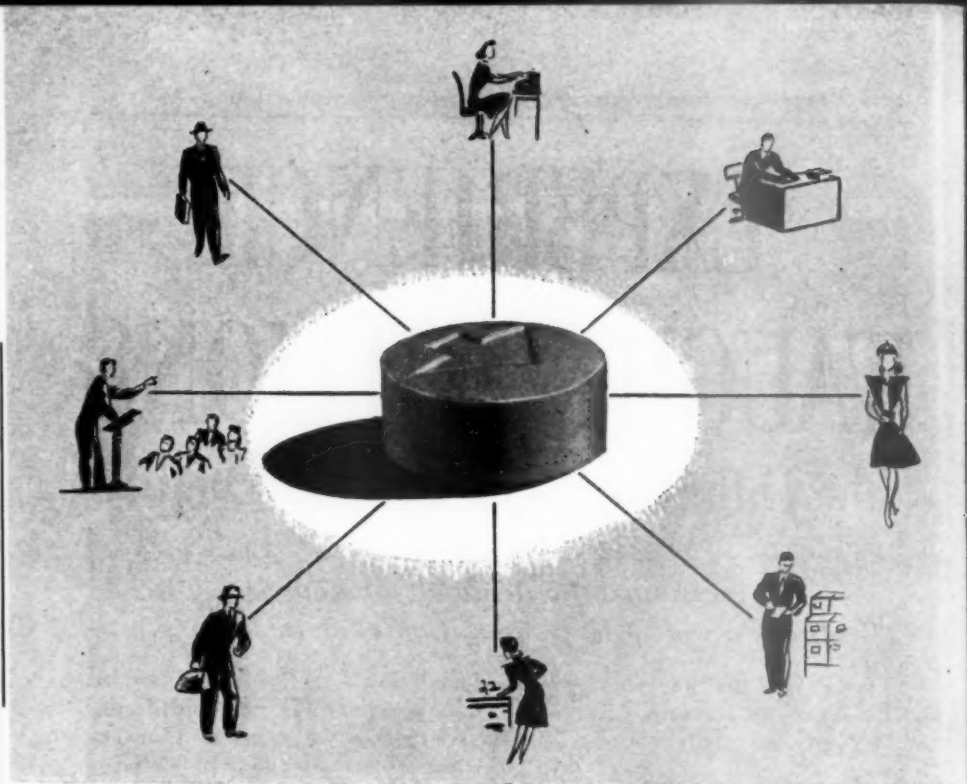
And today more people are asking for Camels than ever before in history. But, no matter how great the demand:

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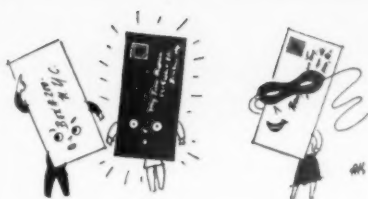
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of dysmenorrhea, simple headache or minor neuralgia, it can be
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DEBITS & CREDITS

Bouquet

Dear Editor:

Hurray for Z. Lornie, [R.N., October 1946]. She deserves a prize for her thoroughly well planned platform for obtaining more nurses for institutional work.

It's about time somebody got down to a few rules whereby nurses would get a decent break for working in institutions. The nursing profession must face facts. And the sooner those who are in charge of nursing standards find out that nurses just won't work for the pittance that is offered them by most hospitals, the sooner the nursing profession will resume its proper place . . .

I am not speaking for myself because I am in the Army and well satisfied. I am speaking for those nurses who have not spoken for themselves.

LT. GERALDINE KING, A.N.C.

SAN ANTONIO, TEX.

Replacements?

Dear Editor:

I work in a hospital that gives girls one year of training after which time they take over and do everything an R.N. does. I expect anytime to be replaced by such an aide. Is that right just because I am married?

Hospitals have found aides very

helpful during the war and a great deal less expensive than R.N.'s. I fear they will go on employing aides, rather than graduates, regardless of status.

I firmly believe we should act at once to prevent such a situation from occurring. I, as a married nurse, would be willing to step aside for a single nurse, but not for a one year graduate or ward maid.

R.N., LONG BEACH, CALIF.

Rosy Outlook

Dear Editor:

It made me very happy to read your article "Outlook on Economic Security" [R.N., November 1946]. It is what we have been hoping for. Surely all the States will adopt the program eventually since the A.N.A. is willing to help train representatives. I just couldn't believe registered nurses would allow labor unions to control them. There is no reason why nurses' organizations cannot do all and more than a union can.

R.N., KANSAS CITY, MO.

Disapproval

Dear Editor:

The heads of our hospital do not fully approve of R.N. They say it is too radical. It is because they do not

McNary
had a little
lamb...



followed by Abdominal
Distress, Eructation, Pyrosis,
and a whole train of

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When nonsurgical gallbladder disease causes intolerance to fats and other foods, distressing fullness after meals, constipation, and the complex symptoms of biliary deficiency, prescribe . . .

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WRITE FOR SAMPLES AND LITERATURE

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wish decent working hours and good pay for their nurses, but slowly we are getting them.

Our special nurses are now on 8-hour duty at \$8 a day with one meal; 12-hour duty at \$10. General duty nurses get only \$110 a month, with every other weekend off from Saturday noon until Monday morning. They work nine to ten hours a day with no pay for overtime.

It was nice to learn from your report on the Biennial that the A.N.A. is working for better hours and pay for nurses.

R.N., KEENE, N.H.

[R.N.'s "radical" editor reported A.N.A. recommendations on *Economic Security* in the October 1946 issue. *New Hampshire* must initiate activity locally to remedy conditions in local hospitals.—THE EDITORS.]

Potential

Dear Editor:

The nursing profession is in a state of upheaval. This condition of dynamism reflects the evolution of the dignity of nursing in the mores of our culture. The mass of statistical data referring to the socio-economic status of nurses has now attained the stage of overt action, and the A.N.A. is to be commended for its united effort at the Biennial convention. Their program is worthy of superlative praise, for the crossroads of decision were reached months ago as is apparent by outside invasion of the structure of the nursing profession.

Nursing is a profession that gives its attention to the care of the sick. It

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Evenflo air valves relieve vacuum, prevent collapse.

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(Right) 8 oz. Bottle sealed.



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cannot be dictated to by outside influences that have interested themselves in sundry political allegiances. The patient's welfare is the only object of good nursing. This is the unity that gives nursing its dignity. Take this away and put it into the hands of non-nursing organizations and the ethics of profession will cease to exist. Unity and adequate compensation for sincere effort must be had, but not at the price of sacrificing ideals.

If the ideals of the profession are maintained, this potential dynamism will be realized. The choice is with the nurse and her recognized leaders.

ETHEL NOYES LOVELACE, R.N.

NEW YORK, N.Y.

Musing

Dear Editor:

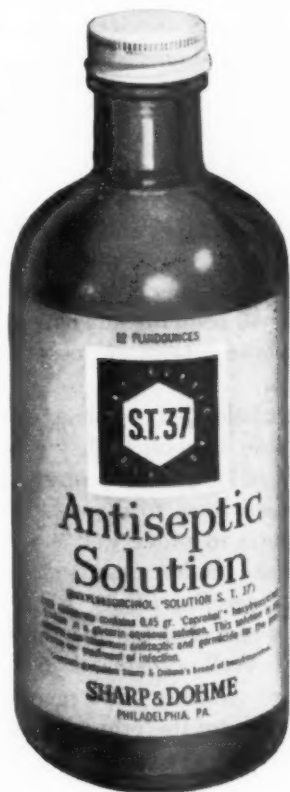
These were my thoughts after reading the October 1946 issue:

Someday when I retire I plan to follow Dr. Brady's lead and divide all doctors into categories. My, what a lot of things a private nurse sees, hears, and learns about the M.D.'s with whom she works!

Leprosy should be brought out into the open. I wonder if there is any good textbook on the subject. So few doctors to whom I have talked have ever seen a case, although a couple of years ago there were several cases reported down in the San Francisco bay region.

Orchids to Jo Brown for her delightful Probie and the many laughs she has given me and some of my patients. That darling little bowlegged Probie has more assurance than I

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(Agency)

Elsie Miller, Director

ever had or even have now for that matter. Imagine standing and chatting to three interns while on duty!

AGNES J. GARLICK, R.N.

SACRAMENTO, CALIF.

Boner

Dear Editor:

Will you kindly reread my letter, excerpts of which you published in the December 1946 issue. I am sure I never used the word "bonus" as I, too, have never heard of a bonus. There must be a mistake somewhere in the condensing.

CAROLINE E. RENNEKER, R.N.

NEW YORK, N.Y.

[*Sorry, R.N. misread the handwriting. Apologies are due Miss Renneker for substituting "bonus" for "hours."*—THE EDITORS.]

Independence

Dear Editor:

I am sorry for the R.N. who states she is proud of her honorary union card [R.N., October 1946]. I hope she will never need nursing care from a nurse whose actions are controlled by a union.

If nurses belonged to unions, would they be able to work? They would work only as long as their union dictator allowed them to do so. I challenge anyone to prove that a union will cultivate in its nurse members a spirit of service, ideals, honor, a willingness to work "beyond the call of duty." Well organized nurses' groups are waiting for members ready to work for the profession, and there are suitable channels for pre-

fresh as a daisy all day long



The fastidious nurse relies on dainty, fragrant MUM for all-day or all-evening freedom from underarm odor. She knows that freshness soon fades after the daily bath. Perspiration is a continuous process.

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senting the nurses' problems to those who can help solve them.

No one has the right to work for the nursing profession who is not working in the profession. Merely wearing a uniform and reporting for duty is not enough. I mean the wholehearted application of the seven standards of nursing care which, 15 years ago, were an initial *must* in a nurse's education. Let those who must belong to a union do so in a trade, not in a profession dealing with the sick.

N. H. WOODING, R.N., M.D.
HALIFAX, VA.

Dear Editor:

I am simply burned up with Mary E. Wagner's attitude toward the nursing profession [*R.N.*, October 1946]. If she is such a good nurse, why does she carry a police card and an honorary machinist card? And if they mean more to her than her A.N.A. card, she'd better give up nursing. If it's money she's after, she took up the wrong profession. She says it takes more than a B.S. or M.A. to be a good nursing leader. Surely she doesn't think a police union card or a machinist union card makes for either a good nurse or leader.

I only hope she realizes what she is doing to the nursing profession. I know there are many in the West who have the same opinion—that they can accomplish more through unions, but if they would cooperate with their district and state organizations their gains would be greater.

I hope never to see an Interna-

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EXTERNAL COD-LIVER OIL THERAPY

USED EFFECTIVELY IN THE TREATMENT OF
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tional Union of R.N.'s, though I wish to see better cooperation through nurses' own organizations.

(MRS.) FRANCES McELWAIN, R.N.
POTSDAM, N.Y.

Competition

Dear Editor:

Frequently I read articles in which hospitals, the Department of Labor, and other agencies are seeking the reason for the serious shortage of nurses. I feel I can offer one valid reason which, unfortunately, cannot be remedied and which is often overlooked.

Due to the high standards required by the various schools of nursing, today's nurse is a well informed, well educated, and socially well balanced individual. She is constantly sought after for companionship, which often leads to marriage. The nurses of today have more opportunities than our sisters of fifteen or twenty years ago. As a result, they are reaping the benefits of early, comfortable marriages which take them out of service.

ROSE LEVY, R.N.
BROOKLYN, N.Y.

Dear Editor:

I think I can partially answer the question of where the veteran nurses are. I am one of them and many of my friends are out of circulation for the same reason as I am. We have married and many of us are awaiting the arrival of our babies. After the chaotic war lives we led, we're enjoying home and families.

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Omaha: J. L. Brandeis and Sons

NEVADA
Las Vegas: Ronzone's Dept. Store
Reno: Sunderland's

NEW HAMPSHIRE
Concord: The Thorne Shoe Co.
Portsmouth: Shaine's

NEW JERSEY
Newark: Hahne and Co.
Paterson: Steenchever's
Perth Amboy: Ruthal's

NEW MEXICO
Albuquerque: Paris Shoe Store
Santa Fe: Pfueger's

NEW YORK
Brooklyn: Frederick Loeser Co.
Buffalo: Flint and Kent
New York: Bloomingdale Bros., Inc.
New York: Stern Brothers
New York: John Wanamaker
Rochester: Wm. Eastwood and Son Co.
Syracuse: Park Brannock Shoe Co.
Troy: Wm. H. Frazee Co., Inc.
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Durham: R. L. Baldwin Co.
Raleigh: Taylor's
Winston-Salem: Belcher's, Inc.

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Fargo: The O. J. de Lendrecie Co.
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Memphis: The John Gerber Co.
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Corpus Christi: M. Lichtenstein & Sons
Corpus Christi: Perkins Bros.
Dallas: Sanger Bros.
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Fort Worth: Fair Dept. Store
Fort Worth: W. C. Stripling Co.
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Houston: Krupp and Tuffy, Inc.
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Salt Lake City: Z. C. M. I. Dept. Store

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Burlington: Gee's Shoe Store
Rutland: Wilson Clothing Co.

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Danville: R. C. Thompson & Co.
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For the care of infant skin —this pure, bland oil

• You may confidently prescribe Johnson's Baby Oil whenever a basic oil is indicated for routine care of the infant's skin.

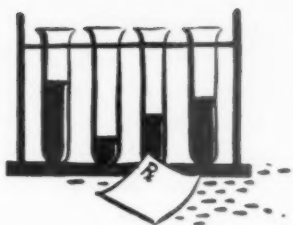
For Johnson's Baby Oil is made of specially selected, medicinal-grade mineral oils of low viscosity. Soothing lanolin is added.

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SCIENCE SHORTS

The presence of true "shellshock," a rare mental and physical condition due entirely to the effect of blast waves on the tissues of the brain, has been established in World War II veterans after intensive study by Army medical officers. The condition is technically called, "closed head injury syndrome," and was reported recently in the *Bulletin*, the Medical Corps' official publication.

Invented by a California engineer, electric arms may prove a boom to amputees. Tiny electric motors, cables, and gears duplicate the muscles of the arm, hand, and fingers enabling the amputee to do much more than with other prosthetics.

Local penicillin therapy in sufficient dosage to maintain a high bacteriostatic concentration may prevent or inhibit infection of the fallopian tubes after operations to correct sterility, according to Drs. A. Rune Frisk and Axel Westman of Stockholm in a recent *Lancet* article.

An article in the British Medical Journal, written by three English doctors, advocates continuous narcosis, for a period of not more than

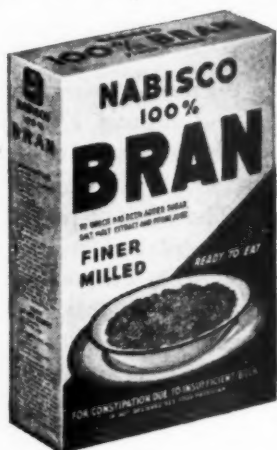
two weeks, to cure or improve itching in patients when psychological factors predominate.

Three doctors, in the *Journal of Nervous and Mental Diseases*, report favorable results of experiments with glutamic acid for mental retardation. The I.Q.'s of patients with secondary mental deficiency were given a boost in addition to emotional improvement after a course of glutamic acid which has been commonly used to reduce the frequency of petit mal seizures.

Increase of diphtheria in Europe is not necessarily the aftermath of war, but it is by far the leading epidemic disease in both incidence and mortality in central, northern, and western Europe.

A paper by Dr. Elmer M. Bingham concludes with this advice on childhood diseases: "Let us see that the infant is immunized against pertussis, diphtheria, and smallpox; see that the young child has modified measles; let chickenpox come when it will; hope that mumps comes before puberty and German measles any time before pregnancy; prolong the protection

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and 3 vital
nutrients in
1 tasty dish!**



Patients find Nabisco 100% Bran a diet-delight when prescribed for constipation due to insufficient bulk. It provides Vitamin B₁, iron and phosphorus. Nabisco 100% Bran is "finer-milled" to make the bran particles smaller, smoother...more gentle in action. Give your patients Nabisco 100% Bran in muffins and also serve it as a cereal. Available in pound and half-pound packages at most food stores.

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TO MAKE BRAN PARTICLES SMALLER



BAKED BY NABISCO

NATIONAL BISCUIT COMPANY

against smallpox and diphtheria as long as possible."

Penicillin ice cream, cubed into 25,000 unit servings, is a therapeutic weapon in the treatment of acute tonsillitis, pharyngitis, scarlet fever throats, and Vincent's angina.

Five physicians, writing in the J.A.M.A., warn the public of the dangers of tridione. The new drug, which offered great promise for effective control of convulsive disorders in epilepsy, has been found to cause unpredictable toxic reactions.

Guppies, the little fish that disregard birth control, are being used to control parasitic worms or flukes which cause schistosomiasis.

Dr. L. L. Sanford, reporting his evaluation of activity in pulmonary tuberculosis in the *American Review of Tuberculosis*, claims that the tubercle bacilli in pulmonary secretions, in cases of minimal infections, can be more readily found by culture of the patient's gastric contents than by smears and concentrates.

A new laboratory, the first of its kind, has been established in Baltimore to act as a clearing house for the widespread testing of the Rh factor in the blood.

Dr. T. A. L. Davies reports that manganese may cause poisoning characterized by changes in the central nervous system, or the element

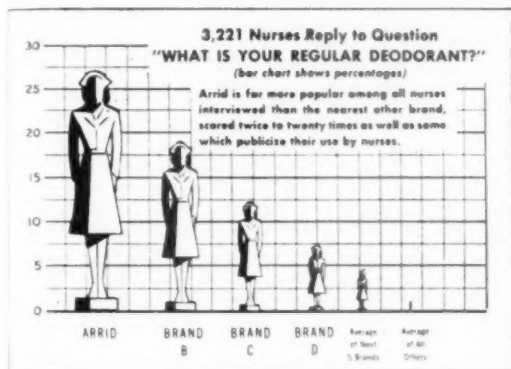


ON DUTY...

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MORE NURSES USE

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DEODORANT



Research techniques, exact percentages, etc., available to authorized groups

An impartial survey among nurses reveals that "effectiveness in preventing perspiration and odor," "effect on skin," and "safety to clothes" are the three major reasons why more nurses use Arrid than any other deodorant.

ONLY ARRID gives you this 3-way protection

1. Arrid instantly destroys past odor. Stops perspiration. Prevents future odor. Gives you complete personal and professional protection.

2. Arrid is really safe for skin, say leading skin specialists. Antiseptic, non-irritating. Used by more men and women than any other deodorant.

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A carton of 20 PKGS.
(100 single 5" x 9" sheets
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Postage and Delivery Anywhere
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R.N.'s get first call on S'WIPE'S*, the cellulose tissues of a thousand uses. These are the softer, more absorbent handkerchief-size cleansing tissues you've used in leading hospitals. Now you can have plenty to keep on hand at the office, at home and on call. Always keep a package handy. Your hospital dealer should be able to supply you. Or mail this coupon now!

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may cause pulmonary symptoms known as manganese pneumonia. He suggests further investigation to confirm his theory that dust of manganese has specific action on the human lung.

Fiberglas-filled bed pillows have been accepted by the Council on Physical Medicine of the A.M.A. They are used to relieve allergy sufferers who may be disturbed by such organic materials as feathers.

A comprehensive program to train doctors and technicians in recording and interpreting "brain waves" has been inaugurated by the Veterans Administration. Electroencephalography is becoming increasingly important as a diagnostic method in V.A. hospitals and mental hygiene clinics.

Pentaquine (SN 13,276), more active than either quinine or pamaquine in the two avian malaras, should be administered under close medical supervision, preferably during hospitalization, because of its toxicity.

Q Fever, a rickettsial infection, is evidently more widespread geographically than originally believed. Both the disease and ticks infected with the organism have been found in many parts of the U.S.

Outmoded self-treatment and commercial advertising are held largely responsible for the waste of millions of dollars annually by people with colds, grippe, and influenza, accord-



● Doctors and nurses just can't afford to have scratchy-rough, red, unattractive hands. And, with Pacquins Hand Cream, there's no need for it! For creamy, snowy Pacquins is *super rich* in skin-softening ingredients. Not at all greasy or sticky. Smooth it on frequently...see how much smoother and softer your hands feel. Ask for Pacquins at any drug, department, or ten-cent store.



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DOCTORS and NURSES

*So much . . .
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No. 2400 Lovely tucked waist, with Peter Pan collar. Offset side opening skirt, detachable buttons, set-in belt.

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Sanforized Poplin
Sizes 10-40, 11-17

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☐ Please send me new uniform leaflet.

Name

Address

Dress Size, Height, Weight

ing to Dr. Hobart A. Reimann of Philadelphia.

Dr. James J. Callahan of Chicago points out the pitfalls and dangers of various dislocations and their complications, and emphasizes that modern textbooks treat them too lightly.

Use of intramuscularly injected sulfathiazole and sulfadiazine, intravenously, in 1,000 cases of bubonic plague, decreased the mortality to 18 per cent.

Based on studies with mice, Dr. Egon Lorenz warns that women are in need of greater protection than men from radiation. This includes the atomic energy workers, nurses who give radium and Xray treatments, and workers who use Xrays to check factory processes. Cancer of the ovaries is the principle hazard faced by women, according to Dr. Lorenz.

An aluminum pressure cooker is a very satisfactory substitute for the autoclave, especially for small dressings, rubber gloves, syringes, and instruments used in office practice, including minor surgery.

Use of beef aorta prepared in a sterile ointment base was discussed by Dr. William E. Abbott of Detroit at a recent meeting of the Clinical Congress of the American College of Surgeons. Known as protein eschar, the ointment has been used with success in treatment of burns, has produced no local toxic effects, and can be used without pressure bandages.



Yours for the Asking

THIS INFORMATIVE COMPENDIUM

ON A TIMELY SUBJECT

NURSES are invited to use the appended coupon to request a complimentary copy of the new brochure "The Role of Nutrition In Therapy." In a terse, straightforward manner, this compendium of current thought presents the remarkable strides made during the last decade in the use of nutritional factors as therapeutic weapons. The pres-

entation concisely outlines present aspects of nutritional therapy, providing valuable information and data useful in everyday nursing practice. The applicability of the various nutrients in the treatment of disease is presented, adding to the practical utility of the brochure. The Wander Company, 360 N. Michigan Ave., Chicago 1, Illinois.

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Gentlemen: You may send me a complimentary copy of "The Role of Nutrition In Therapy."

R.N.

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CLINICAL STUDIES

The two untouched photographs on each side are typical of many pictures in our files showing the success of the Mazon Treatment.

The photograph on the left shows a case of Eczema of eight years duration. The picture on the right shows the same hand after ten months of Mazon Treatment.



Simple, Effective Dermal Therapy

Nearly every doctor has a few cases of stubborn skin conditions that do not respond to the ordinary treatment methods. For these we recommend for your consideration the Mazon Method of dermal therapy.

For positive results, dramatic speed, convenience of use and simplicity of treatment, many doctors are employing the Mazon Method. Briefly the treatment is as follows:

1. Cleanse affected area with Mazon Soap.
2. Rinse thoroughly and dry.
3. Apply Mazon Ointment.

INDICATIONS

The Mazon Treatment is indicated for Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin irritations not caused by or associated with systemic or metabolic disease.

MAZON SOAP

Mazon Soap is 100% pure, contains no free alkali, artificial color, synthetic perfume, excess oils or greases to retard or nullify the therapeutic action of its complement, Mazon Ointment.

MAZON OINTMENT

Mazon Ointment itself is absolutely anti-pruritic, anti-septic and anti-parasitic. It is easy to apply, is non-greasy and non-staining and requires no bandaging.

The amazing record of success in the many clinical studies that have been made suggests your own trial of the Mazon Treatment.

OINTMENT **MAZON** SKIN SOAP

FOR EFFECTIVE DERMAL THERAPY

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THE NURSES' FAVORITE WHITE SHOE CLEANER



NOW BETTER THAN EVER!

Wartime research has made GRIFFIN ALLWITE—the white shoe cleaner you've voted your favorite in survey after survey—whiter, brighter, finer than ever!

Wait 'til you see the beautiful, snowy, rub-off-resistant finish the new and improved GRIFFIN ALLWITE gives your shoes. And GRIFFIN quality assures you that the chemically neutral formula of GRIFFIN ALLWITE is absolutely safe for all white shoes—leather or fabric—no matter how often you use it.

In the bottle or in the tube, GRIFFIN ALLWITE is more than ever your best buy today!

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Among the Basic Points of Dietary Adjustment



DIETARY adjustment for the purpose of preventing nutritional deficiencies must take into consideration not only the total daily caloric and nutrient intake, but also the distribution of food over the three meals of the day. Thus overburdening of the digestive apparatus by any one meal is prevented, and a more equal utilization of nutrients is made possible.

For these reasons, breakfast is as important as the other two meals and, according to nutritionists, should provide from one-fourth to one-third of the daily caloric and nutrient needs. The desirability of including a cereal in the well-planned breakfast is universally acknowledged. The serving of cereal (hot or ready to eat), milk and sugar provides not only readily utilized caloric food energy, but also biologically complete protein, B-complex and other vitamins, as well as important minerals. Because of their varied grain sources and differences in taste and physical appearance, breakfast cereals provide virtually endless variety, since a different one may be served every day or two. The quantitative contribution made by 1 ounce of ready-to-eat or hot cereal* (whole grain, enriched, or restored to whole grain values of thiamine, niacin, and iron), 4 ounces of milk, and 1 teaspoonful of sugar is indicated by the following table:

Calories.....	202	Phosphorus..	206 mg.
Protein.....	7.1 Gm.	Iron.....	1.6 mg.
Fat.....	5.0 Gm.	Vitamin A...	193 I.U.
Carbohydrate...	33.0 Gm.	Thiamine...	0.17 mg.
Calcium.....	156 mg.	Riboflavin...	0.24 mg.
Niacin.....	1.4 mg.		

*Composite average of all breakfast cereals on dry weight basis.

Nurses are invited to send for a complimentary copy of the brochure "Cereals and Their Nutritional Contribution" (PN-1).

CEREAL INSTITUTE, INC.

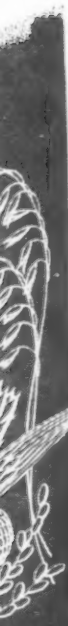
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The presence of this seal indicates that all nutritional statements in this advertisement have been found acceptable by the Council on Foods and Nutrition of the American Medical Association.



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Foremost among the reasons why these physicians recommend TAMPAX as a menstrual guard is that *its design is anatomically correct*,¹ rendering it *inherently more comfortable* (in contradistinction to vulvar pads).

• Then, too, controlled tests involving thousands of women of menstruating age have proved that **TAMPAX is thoroughly adequate**^{2,5} as to absorptive capacity—and **absolutely safe**^{2,3,4,5} from any danger of producing irritation or blocking of the flow.

Apparently also TAMPAX may even improve the psychological attitude toward menstruation.²

As a result, many physicians' relatives and nurses have adopted the TAMPAX method, as well as many patients—who first learn about TAMPAX either upon specific advice, or (indirectly) from supplies in professional dressing rooms. • Samples in three absorbencies readily available.

REFERENCES: (1) J.A.M.A. 128:490, 1945; (2) West, J. Surg. Obst. & Gyn., 51:150, 1943; (3) Am. J. Obst. & Gyn., 46:259, 1943; (4) Clin. Med. & Surg. 46:327, 1939; (5) Am. J. Obst. & Gyn. 48:510, 1944.

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ACCEPTED FOR ADVERTISING BY THE JOURNAL OF THE AMERICAN NUTRITIONAL ASSOCIATION



Career Opportunities for Older Nurses

by Ruth B. Scott, R.N.

"IF YOU HAVE A CAREER you are interested in, you don't grow older," a nurse remarked. Although her half-truth buzzes in the brain, there are night supervisors who acknowledge they have reached the point where they no longer can take night duty; bedside nurses who face back disabilities which prohibit lifting; and nursing feet which yearn for a sitting-down job.

With the optimistic conclusion that we all shall be older nurses if we live long enough, we might leave philosophy for the end of the story, and look first at the opportunities and the closed doors.

"Geriatrics" is an intriguing word which holds potentialities for every older nurse. Geriatrics is "the subdivision of medicine which is concerned with old age and its diseases" according to Webster, who skips the fact that it also is a subdivision of nursing which is becoming increasingly important.

A few years back, the average age for American women was 35. Now the average is 53 for women and 50 for men. Making up that average is a growing number of elderly men and women whose economic problems have become active political

problems, and whose health care is on the threshold of improvements which will open many doors to nurses.

"I think the older nurse has better understanding of our geriatric patients, and gives them better care," a hospital superintendent remarked. If this opinion becomes generally accepted, progressive superintendents will allow extra rest spells and breathers in order to maintain on their staffs older nurses who have the faculty of keeping elderly patients happy.

Beside general hospital opportunities, three other fields of geriatrics will require more nurses. One is the mental hospital, where geriatric wards, recreation rooms, and dining rooms are an accepted classification. The stable older nurse, who has her own emotional problems under control, will be welcomed in many psychiatric courses, and find that if she likes the field when her three months' course is over, she will have a great choice of positions, because of the current understaffing in psychiatric institutions. If she does not care to remain in the field, her course will give her valuable assistance in managing other nursing problems.

Another geriatric opportunity is for public health nurses, because the economic trend is to allow elderly dependents to maintain their own residences with public assistance. This means an increase in out-patient departments and in visiting nurses who will call at the homes to supervise elder citizens.

A field with tremendous potentialities for improvement is shelter care of the aged. There is a great and increasing assortment of old people's homes and nursing homes for the aged. The variation among these is tremendous. No nurses, looking for work with lessened physical demands, will find it in a poorly equipped, substandard place which cares for senile, incontinent patients in a location just outside a city where it escapes the regulations and requirements of the city health department. Future legislation on shelter care is sure to have nursing requirements included.

There are endowed homes for the elderly where brick buildings and landscaped grounds provide a safe and cheerful environment, and the resident nurse has only an occasional

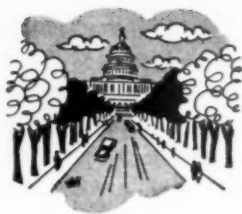
bed patient. The nurse here may find an atmosphere reminiscent of a college or school, because the occupants are not engaged in earning a living. Her oversight of diet and recreation will help to keep the older men and women in reasonable health. The successful nurse will receive esteem and affection, and cherish the building of friendships which may have many years to run. A similar life with



young people is found by the older nurse who becomes a counsellor, recreational guide, or house mother in a student nurse's residence or a college dormitory.

For some positions for the older nurse, choice must be made at a reasonably early age. The "under-35" sign is already hung out on some job descriptions. The Navy has a 22-30 clause, with marriage contra-indicated. Certain Civil Service positions must be entered before 40 or 45 or 50, although preference as a veteran or as a veteran's widow may extend the limits. The nurse who is approaching the age limits might be wise to duck under the wire into a permanent position before an increasing supply of nurses lowers the entry age. [Continued on page 94]





HEALTH as *The White House Sees It*

IN HIS STATE-OF-THE-UNION report to the 80th Congress early last month, as well as in his budget message a few days later, President Truman offered a number of recommendations which, if enacted by the new Republican-controlled House and Senate, would have far-reaching effects on the nation's distribution of health services.

Some of the recommendations, which have already been implemented by the introduction of Republican-backed bills, are believed to have better than an even chance of being enacted. Others, of a more controversial nature, appear destined for hot debate in both professional and legislative circles for months to come.

Most controversial of the President's suggestions was his plea for reconsideration of the compulsory sickness-insurance program which he has advocated for more than a year, and which—in the form of the last Wagner-Murray-Dingell bill—failed of enactment by the 79th Congress. That the bill will soon be re-introduced, with some refinements, was generally deemed certain last month.

Observers noted that the President carefully avoided use of the word "compulsory" in his state-of-the-Union report. "Of all our national re-

sources," he said, "none is more basic than the health of our people. Over a year ago, I presented to the Congress my views on a national health program. The Congress acted on several of the recommendations in this program—mental health, the health of mothers and children, and hospital construction. I urge this Congress to enact the most important recommendation of the program—to provide adequate medical care to all who need it, not as charity but on the basis of payments made by the beneficiaries of the program."

Again, in his budget message, the compulsory angle was skillfully dodged. "The major problem of financing health care still persists," said the President. "Therefore, I again urge the Congress to enact a health-insurance program which will make adequate medical care available to everyone and provide protection against the economic hardships of sickness. Such a program should be almost entirely self-financing through payroll contributions."

Second most important legislation suggested by the President was an act which would give Cabinet status to the Government's health, education and social-security activities. Bills to carry out this recommendation have already been introduced; in the Sen-

ate, S.140 has the sponsorship of Senators Taft (R.) and Fulbright (D.); in the House, H.R. 573, a companion measure, has been tossed into the Congressional mill by Representative Harris (D.).

These bills would empower the President to appoint a secretary, with Cabinet rank, and three under-secretaries—one of the latter to be a doctor of medicine who would become Under Secretary for Health—to handle the three-fold branches of social welfare: health, education and security. The new department would supersede the Federal Security Agency, which now embraces the Social Security Administration, the U.S. Public Health Service, and the Children's Bureau.

Another bill (H.R.605) has been introduced in the House by Representative Miller (R.), a physician, which would establish a single Department of Health, with a secretary of Cabinet rank appointed by the President to head it.

Advocating a broad extension of social security, the President recommended the inclusion of occupational groups not covered by the present law. His recommendation, if enacted, would make old-age and survivors' insurance benefits available to all nurses employed by non-profit hospitals, and make many nurses eligible for the unemployment benefits (which vary from state to state).

Mr. Truman's proposed budget calls for greatly increased appropriations for public health activities in the next fiscal year. Biggest increase (from \$104 million to \$167 million)

is asked for the USPHS, with \$51 million earmarked for hospital construction under the Hill-Burton Act. Other new activities that require huge outlays: the national mental health program, the Federal employes' health plan, and research on cancer and cardiovascular disease at Bethesda, Md.

In contrast, the amount requested for cadet-nurse training under the



Bolton Act is greatly reduced. For fiscal 1948, less than \$5 million is asked, compared with more than \$16 million in fiscal 1947, and nearly \$60 million in fiscal 1946. With enrollment in the Cadet Corps terminated since October 1945, it is estimated that the payment of stipends to those still in training will be virtually completed by June 30, 1948.

Congressional approval of Mr. Truman's budget recommendations will almost surely create more Government jobs for nurses—not only in the Public Health Service but in other Federal agencies. The requested appropriation for the PHS provides for the employment of 208 nurse officers during the fiscal year ending June 30, 1948, compared with only 143 under this year's budget.

Hospital jobs will eventually materialize, too—but not until the construction program is well along nationally. Good guessers believe it will be another year before that happens.



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The nurse caring for a patient in an oxygen tent finds that simple nursing procedures take more time because of the precautions necessary to prevent oxygen loss.

What You Should Know About Modern Oxygen Equipment

A FEW SIMPLE FACTS about oxygen equipment should be mastered by all nurses who will use oxygen. The nurse who wants to learn as much as possible about nursing finds oxygen technique a big field to study, with extensive medical literature, and interesting side excursions into physiology, mathematics, and physics. She finds that equipment can be improvised at low cost for emergency use. She notices that new ways of using oxygen equipment are reported, and may turn discoverer herself, to the gain of patients and profession.

Oxygen therapy is a treatment for tissue lack of oxygen, *anoxia*, or difficulty in breathing, *dyspnea*, as in pneumonia, bronchitis, asthma, cardiac ailments, brain tumors, heat collapse, and carbon monoxide poisoning. Oxygen may be given pure, or diluted with various percentages of air.

Oxygen may be given mixed with 3 to 10 per cent carbon dioxide, for a stimulating effect on the respiratory centers of the brain, or to hyperventilate the lungs. Because carbon dioxide has anesthetic properties, higher concentrations should be giv-

en only by registered anesthetists. Hospitals commonly buy an already mixed tank of 5 per cent carbon dioxide and oxygen, sometimes called *carbogen*. This may be used in delivery and accident room resuscitations, and because the patient may become worse if he already has an excess of dissolved carbon dioxide in the system, the nurse should remain constantly with him, in order to discontinue the carbon dioxide mixture if the pulse develops weakness, irregularity, or rapid rate. Some surgeons have standing orders for 5 per cent carbon dioxide for two to ten minutes every hour for the first 24 after general anesthesia or lengthy sedation. Overdosage or prolonged use of carbon dioxide is highly dangerous.

Helium-oxygen gives a very different picture. Helium, of itself, is an inert, safe gas, but it cannot support life. The danger in helium-oxygen comes from using separate tanks of helium and oxygen and mixing them through a control. If the oxygen were exhausted first, helium alone might be reaching the patient, with disastrous results. The safe method is to buy helium-oxygen

mixtures, usually 80 per cent helium and 20 per cent oxygen. Helium costs ten times as much as oxygen, and should not be wasted. Its therapeutic value comes from its very low density, which enables it to flow easily through very small spaces. You can see what a help this is in allergies, asthmatic conditions or edema of the larynx, where the res-



piratory passages are partly closed.

Helium mixtures escape readily, making a tent or intranasal catheter impractical. Choose a B.L.B. or snug Meter mask, and explain in advance to the patient and relatives that helium-oxygen will raise the pitch of the voice; otherwise, the sudden falsetto may cause alarm.

Industrial oxygen is identical to medical oxygen, and the largest cylinders are the most economical. Nurses should know, for instance, that emergency oxygen may even be obtained from a garage.

Oxygen is good to the last bit of pressure; in fact, it flows briefly after the pressure gauge reads zero. Nurses asking for a new cylinder when the gauge reads 300 have a two-hour safety margin of oxygen flow.

Heavy cylinders should be safely anchored to some immovable object

to avoid falling, injuring personnel and wasting the gas. Cylinders must be kept away from hot pipes or the patient's radiator, which might cause the gas to expand and blow off through the safety gauge.

Safety precautions during oxygen therapy are necessary to prevent fire. The nurse should not only post the "Oxygen—No Smoking!" sign, but should warn patient and visitors. Otherwise a smuggled match may be struck, and patient and nurse go up in flames. Oxygen tents cannot safely be used in wards, because of the fire hazard. While a mask or a catheter may be used for a ward patient, those in the beds next to him should be warned not to smoke while oxygen is in use. Vaseline is safe to lubricate a nasal catheter since there isn't high concentration. With a tent patient, the nurse should use powder for his back rub, as oil or alcohol are inflammable. Candles and electric devices should be kept away from high oxygen concentrations, and a hand bell should replace the electric call bell for a tent.

Whether oxygen tents, masks, or nasal catheters will be chosen for a particular patient depends on a great many factors.

Before starting any type of oxygen therapy, the nurse reassures the patient, if conscious, and his relatives, that the use of oxygen is not a warning of approaching death, that today oxygen is used early to insure rapid recovery. Young patients accept oxygen therapy calmly, while older persons and cardiac patients are likely to be frightened. Explain that oxygen

may not give immediate improvement but that in half an hour he should be more comfortable.

In using an oxygen tent, the nurse has three simple but highly important things to do. The first is to use extreme care in tucking the canopy completely under the head and sides of the bed. The fourth side should be spread smoothly down on the bed and a draw sheet placed over it, or enfolding it, and tucked tightly under the mattress to avoid leakage. Tests have shown that a rubber sheet on the mattress makes little difference in the oxygen loss, and is not worth the discomfort that it causes the patient.

After the nurse has made the oxygen tent as nearly airtight as possible, she should remember how hot and uncomfortable a closed telephone booth grows. To avoid the effect of stuffiness, an air-conditioning unit is used, consisting of a box of ice over which a current of air moves by means of motor-driven circulation. A pneumonia jacket is placed on the patient's chest and a towel



over his head, to prevent chilling. The nurse is responsible for seeing that the ice chamber is refilled, probably every two hours, with large chunks of ice.

The third simple but important nursing responsibility is to set and maintain the flow of oxygen. Each tent has a flow meter, expressed in liters per minute. Ideally, the doctor should order the concentration of oxygen and the temperature he wishes. If he does not, 50 per cent oxygen concentration and 70° F. are assumed. If the day is very hot, the tent thermometer should not be kept more than 15° below room temperature. Temperature control directions are on the machine, and they vary in [Continued on page 86]

Hospital

Built strong to shelter
The rich and the poor,
Your corridors,
Your white walls, are
Framework of healing and of rest,
Not merely antichambers
Of pale death.
Men made you in the image of
A temple of unselfish love.

—MARGARET P. SCHWINN, R.N.

With a Touch of Skepticism

by Carolyn Valentine, B.S.



ONE DAY IN LATE SUMMER, during a radio news period, the announcer's voice rose with enthusiasm. He was plainly excited when he said, "A new *cure* has been found for infantile paralysis." Then, with awe-filled tones, he described a mysterious poison which the South American Indians had used to tip arrows. Then, said the commentator, this poison had been used for a young polio sufferer and she had been FREED OF ALL SYMPTOMS within a few days.

Despite a clarifying statement, two days later, that the poison (it was the well-known curare) did not prove successful in all cases, the harm had been done. While the first announcement had been long, detailed and thrilling, the second, like all contradictions, was short and almost nonchalant. No mention was made that curare had been used in the treatment of polio, and reported, long ago.

This cruel play on human emotions, especially at a time of the year when the disease was reaching its peak, told of a "cure." Imagine the false hope that was raised in those homes that had been visited by the dread disease.

Unfortunately, this is not an isolated instance of the kind of infor-

mation that reaches the public from time to time. The radio announcer was not to blame, but some press service had failed to check the facts before the item was released.

The national magazines have not been completely blameless in some of the unchecked "facts" which they have published. Nurses may remember a story about "God's Own Medicine." Strong words these. It referred to the effect of demerol as being "miraculous as that of morphine—without the opiate's danger of narcotic addiction."

No reference was made to the several reports of the U.S.P.H.S., all of which had warned of the danger of addiction from the drug. Demerol is under federal narcotic control, ever since evidence was presented to Congress about its dangerous properties. The Federal Commissioner of Narcotics stated that he feared a wave of demerol addiction from what he considered "reckless and dangerous statements" that the drug was free from addiction properties. But how many lay people saw the Commissioner's letter to the editors of the *Journal of the American Medical Association* when he said, "I cannot too strongly warn the members of your Association about the danger of addiction to demerol."

Several other outstanding physicians also voiced their disapproval of the story, but their total circulation was probably far below that of the national publication that had reached millions of people.

When streptomycin was first reported, another large magazine published a story about the "Magic Germ Killer." The closing sentence spoke lightly of the new antibiotic and ended by saying that "the equivalent of penicillin, streptomycinate, would merely be a tablet on the bathroom shelf, to be taken for any and all infectious diseases and those that penicillin didn't annihilate, streptomycin would."

What kind of talk is this, when medical authorities warn of the dangers of taking any of these potent drugs unless supervised by a physician. Any nurse who has seen these drugs in action knows that they are not given lightly, like a glass of orange juice, but that they must be controlled and that the patient's general condition must be checked and laboratory tests made while under medication.

The hormones came in for a considerable buildup in a story whose

title resembled a snake-oil blurb when it said: "Tired? Pregnenalone Will Pep You Up." This "special" kind of hormone, as the writer termed it, was described as being capable of banishing fatigue, stretching man's efficiency beyond normal limits and, like a supercharger on a racing motor, "produces in some persons that plus ounce of energy which in an emergency may spell the difference between life and death."

Here was the hormone story with implications that they are simple little things that can be used by anyone. Medically trained people know that none of the endocrine products should be used without prescription, and that when they are taken, unless indicated after careful examination by a physician, they may cause considerable harm.

Arthritis has had its full share of laity stories, too. Some of them were honest enough to state that there is no known "cure" for the disease, and that many of the drugs and therapies that are used may help one sufferer, but fail completely with another. A well-known medical man stated these facts but he also held out some hope for arresting the disease in its pre-arthritic stages and he said that much could be done to increase the comfort of the patient. It was straightforward, honest reporting and not calculated to send the sufferer to the nearest drug store to demand something of which he had read.

On the other hand, other articles have spoken of high vitamin D medication and by veiled sentences hinted that arthritis has met its end



through the use of this vitamin. But, vitamins can be purchased without prescription and authorities are agreed that promiscuous use of any vitamin preparation is at best a waste of money, but can, at times, cause real trouble, especially in the case of vitamin D. It does seem that the magazines with the largest circula-



tions often carry the dramatic, "wonder" stories, while publications that reach fewer people often give the authentic picture of new drugs, together with precautions that are always part of the true story.

Everyone jumped on the bandwagon for penicillin. It was a "miracle drug," a "wonder drug," and all the rest of the superlatives. No one doubts that penicillin is one of the greatest discoveries of the age, but it is not capable of curing all of the ills of mankind. Then, after the first glowing reports, many of the recent articles with wide circulation proceeded to create unwarranted fears in the minds of the public concerning the value of penicillin and other new remedies.

Readers were not told that all penicillin and penicillin pharmaceuticals have been examined and certi-

fied as to safety and efficacy by the U.S. Food and Drug Administration. They did not know that commercial penicillin consists of varying mixtures of one or more of the five known fractions, namely, F.G.X.K. and dehydro F. They could not know from these articles that, since it is difficult to tell just what quantity of each fraction is present in a batch of penicillin, the National Research Council has recommended increased dosage of penicillin as a safety precaution, particularly in the treatment of syphilis.

So it would seem that some of the laity magazines have been guilty of both the sin of omission and commission. There have been instances where articles sacrificed veracity in order to be dramatic and "good reading." Others have taken an opposite stand and have therefore tended to undermine the confidence of patients and their families who are using a new drug.

It would be difficult to find a nurse who has not been approached by someone who wants to have fears allayed, or be given confirmation of the wonders of some drug. When people read about a miracle cure that may end the suffering of a loved one, it is a cruel thing to dash the false hopes. Sometimes these people believe that their physician is remiss in not having used the miracle and so they lose faith in his efforts in their behalf.

It often falls to a nurse to explain that there are many factors to be considered in the use of drugs and their final [Continued on page 84]



Anemia's Newest Weapon— FOLIC ACID

THE MEDICAL PROFESSION has a new weapon, one that may be destined for acclaim equal to that accorded penicillin and streptomycin. The new factor, folic acid, is the latest newcomer to the complicated and intricate B complex vitamin family, and has been hailed by scientists and the medical profession as the answer to a serious and prevalent disease. Folic acid has proved to be a dramatic anti-anemic substance and its effect upon nutritional anemia, and the macrocytic anemias of sprue, pellagra, and pregnancy has given new hope to sufferers.

This type of anemia is characterized by a decrease in the number of red blood cells and the presence of abnormally large ones. It is found in sprue, a chronic disease of hot countries, with symptoms of periodic diarrhea, emaciation, skin lesions, sore mouth, raw-looking tongue, and frequently death. Macrocytic anemia also accompanies pellagra with the skin, nerve, and intestinal symptoms so frequently found in central and southern United States.

The story of folic acid began in the early 1920's when work on isolation, identification, and synthesis of B complex factors was begun. Such familiar members as thiamin, riboflavin, pyridoxine, pantothenic acid,

biotin, niacin, choline and inositol have been identified as members of the B complex.

During investigation of substances suspected of being members of the group, several other vitamins were postulated. One group of workers found that young chicks developed a severe anemia of the macrocytic hyperchromic type when fed upon all of the known B vitamins, but also that they could be cured or prevented from developing this anemia if they were fed natural materials such as liver, yeast, and alfalfa. The unknown "something" was named "Factor U" or vitamin Bc.

Meanwhile other investigators, searching for new members of the B complex, demonstrated that the lactic acid organism *Lactobacillus casei* required more than the known B complex vitamins and that liver, yeast, green leaves, and other materials contained the needed unknown. So the term *Lactobacillus casei* factor was used along with "yeast norite eluate factor." The picture was further complicated by a series of experiments in which *Streptococcus lactis R* was the test organism and from this work the unknown was given still another name—"folic acid." The name referred to the Latin *folium*, [Continued on page 80]



Contagious



K. Brown



How to Make Psychiatric Nursing More Attractive



by Gertrude C. Blancher, R.N.

IF NURSES WANT to make psychiatric nursing a more appealing career, it is not merely because we have a selfish interest in our own futures. It is because we would like to see mental hospitals run more efficiently, and because we want to see the mental patient get the best nursing care that is available. This will not be possible unless certain weaknesses in the mental hospital setup are corrected. For nurses who are good material for psychiatric nursing will turn away from this specialty so long as the mental hospital continues to function without adequate medical staff; to employ nurses with (often) doubtful preparation for the care of the mentally ill; and to fill up the gaps among professional personnel with attendants of assorted aptitudes and background.

Because it is necessary to begin somewhere, let's start with some of the improvements that may be made in the attitudes and usefulness of R.N.'s employed in this branch of the profession.

The registered nurses who are employed must be excellent psychiatric nurses. They should have the conviction that psychiatric nursing is still in the pioneer stage and that it

is their responsibility to raise it to the same high level of nursing care maintained in general hospitals. During their training they should have received at least three months specialized preparation in an accredited psychiatric hospital. The proper attitude, when the student approaches this part of her schooling, can be created by several lectures from a nurse who has worked in a mental hospital. She can demonstrate that psychiatry is not only important to students in the care of mental patients, but also is an aid to their adjusting to any personal situation. Thus they will approach the mental hospital with open minds instead of being terrified by exaggerated tales told by fellow students who have already affiliated.

Students should be shown the thrill that a nurse receives, for example, when she sees a young woman go home mentally alert and happy after a year's treatment. Upon admission she had been more like a wild animal than a human being. Now there are tears in her father's eyes as he thanks the nurses and says it is the best Father's Day gift he has ever had. Insulin therapy takes a great deal of credit in this

particular case; but who watched that patient while she was in coma? Who insisted that she take showers, eat her high carbohydrate diet, go for walks and participate in other recreation? Who kept a watchful eye on her when she was raving during her early hospital stay and even applied camisoles when necessary? It was always the nurses or attendants under their supervision.

After a year's vigilance, isn't it worth all the effort to see such a happy result? Granted, it is thrilling to see a crippled child helped, or to see medical and surgical patients recover. But a crippled child can go home and live with his parents. Many cardiacs live happily for years under proper management. The mentally ill patient, however, must be kept in a hospital until he is cured. He may not even recognize his family. Of course, some discharged patients have to return after a few years for more treatment. Some people feel that this makes continued care almost useless, but if that person were your loved one and he were to return home his normal self for even a year, you would consider the treatment very well worthwhile. What greater challenge, then, can a nurse fresh from training school accept than a position in a mental hospital?

Student nurses thus inspired during their affiliation, and whose efficiency reports show outstanding psychiatric nursing ability, should be asked to return to the hospital when they graduate. They should be offered enough opportunity for ad-

vancement so it will be worthwhile for them to return. They should be provided with pleasant, clean living quarters and appetizing food.

One of the biggest inducements mental hospitals can offer to their registered nurses is a fuller social life. Too often mental hospitals are isolated with only a state bus running



to a nearby city. Therefore, the hospital itself must provide amusement facilities such as bowling alleys, recreation halls for dances, parties, movies, basketball, tennis courts and, if possible, a swimming pool. More registered nurses would accept mental hospital positions if there were more things to do in off-duty hours.

Mental hospitals should provide housing facilities for married nurses and attendants with children. Often when the registered nurse has a child, she would return to her position if there were a place to live with her family and a nursery school to give good care to her children. As it is, many good psychiatric nurses must leave their positions permanently because apartments are provided only for childless couples. This discourages a normal family life with children. If small bungalows were provided at minimum rent, more family men and their wives could be employed, thus insuring a more

stable group of employees. If day nurseries were available more married registered nurses who have invaluable psychiatric training and experience would remain at the hospital.

Besides the qualified registered nurses, all other hospital attendants should be selected by mental aptitude tests similar to those given prospective student nurses. They should be hired only on the basis of their intelligence and capability of becoming good psychiatric attendants. Those chosen should be given three months special training at the state's expense. It should be similar to that given student nurses; classes attended for a few hours each day and ward work for the remaining hours. Enough materia medica, anatomy, psychiatry, psychology, mental nursing care and professional ethics should be taught these attendants so that they may intelligently care for their patients.

In the past, attendants have been taught only to make beds, give baths and enemas, but how much mental nursing care has been required? Today there are many excellent attendants who have been working in mental hospitals for years. However, it took years of experience and contact with the right charge nurse to make them this way. With mental aptitude tests and three months special training, this period of gaining experience would be much shorter. Properly trained attendants would do much toward releasing the R.N. from all but strictly professional duties and, mean-



while, the patients would be receiving better care.

In prewar days, ward helpers in a general hospital were only allowed to do the hospital housekeeping. They were not even permitted to bathe a bed patient. If such things are not allowed in a general hospital, why should inexperienced, untrained help care for the mentally ill whose daily contact with nurses and attendants is of the utmost importance in their possible recovery? Even in the so-called "back buildings" specially trained help would insure considerate, humane care of incurables.

After the new attendants have completed their training period, they should be licensed to practice as trained psychiatric attendants. In the future, such a license should be required of all mental hospital attendants, and would be forfeited upon failure to meet high standards set by law. Enough of these attendants should be trained to adequately staff every mental hospital ward so that patients may have the individual attention they need.

In order to persuade taxpayers to supply funds for such an extensive program, the public must be re-educ-

cated regarding mental hospitals. More newspaper publicity should be given to the successful recoveries rather than to the failures.

Within the past year, a patient died in a mental hospital shortly after admission. The family claimed he had been struck and killed by an attendant and the story made



headlines for several days. Most readers did not know that a mentally ill patient may be in such a manic state of excitement and resistance that he may completely exhaust even his heart. The newspapers, of course, did not mention this. Even now, when the name of that hospital [Continued on page 76]

Uniform Uniforms

TYPICAL of two divergent points of view expressed by so many of our readers, in answer to Walter C. Emery's article in the October 1946 issue, are these two letters. R.N. declares a tie and forwards equal checks to the winners.

EDNA P. RANALLI: Our uniforms are not merely a White Something to put on to keep our other clothes from being soiled. They are our clothes; our dress for eight or more hours a day. At least let us keep the privilege of being able to wear two or more styles during the course of the week.

Our lives, in many instances, are uniform enough without putting us into a straightjacket altogether.

Consider the patient's point of view. How monotonous the scenery is: white linen, white uniforms, white walls, and maybe even white beds. Would Mr. Emery really want to add to this the same styles in uniforms?

I know I don't want to look like an assembly line product; I'm sure my nurse friends do not.

DAISY G. SMITH: Were I a dress designer, I would create a dress that can be laid out flat for ironing, which would be a button-front dress (entire length with removable buttons) with a comfortable notched collar, blouse cut on well tailored shirtwaist lines (no yoke) making length from underarm to waist long enough for full play of arms and shoulders, a pleat each side of underarm seam (as seen in some bus drivers' shirts) to avoid strain and make for comfortable wearing; arm holes—adequate size; no shoulder pads, sleeves wide enough for freedom of movement, short ones finished with half-inch hem, long sleeves with a small cuff (turned back with one button); set-in belt finished with an overlapping point—this for style; simply cut gored skirt which falls into good lines, no draping. Length, current style-trend with a 2 to 3 inch hem and pockets with pleats or slightly flared, as too flat pockets soon become worn looking after a short period.



Living quarters for the student nurses at Ponce are attractive. Training school is headed by a nurse from U.S.

Assignment in Puerto Rico

SITUATED ON a hillside overlooking the town of Ponce, second largest community in U.S.-owned Puerto Rico, St. Luke's Memorial Hospital has brought modern health services to an area where the need is great. The 87-bed hospital, for its size one of the best equipped in the entire West Indies, provides training facilities for 35 students who are enrolled in the institution's affiliated school of nursing. Trainees of all faiths are accepted by the Episcopal authorities.



Ward duty in Puerto Rico is no easy snap. Countless patients are hospitalized for diseases of the intestinal tract. Other cases which keep nurses on the jump include tubercu-

losis, pneumonia, malaria, and hookworm. Nevertheless, trainees at St. Luke's manage to find moments when they can stretch out (or otherwise relax in pleasant surroundings).





*Assignment
in
Puerto Rico*

[Continued]

Deficiency diseases create real dietary problems in all Puerto Rican hospitals. Above: Sarah G. White, director of nursing at St. Luke's, explains diet therapy to Junior Cadet Nurse Daphne Melendez. Below: Results shown on patient's chart are studied by student and graduate instructor. Many natives lack animal protein in diet.



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Birth rate of the island is more than double ours, but about one baby in ten dies before its first birthday. This little bright-eyes was nursed back to health after being abandoned.

Assignment in Puerto Rico [Continued]

Occupational therapy plays its part in the healing process at St. Luke's. About 75 per cent of Puerto Rico's 2,000,000 natives are classified as white, with a fairly even distribution of males and females. A great majority are under age 40. Houses are mainly small, one-room units, and almost all homes are over-crowded.



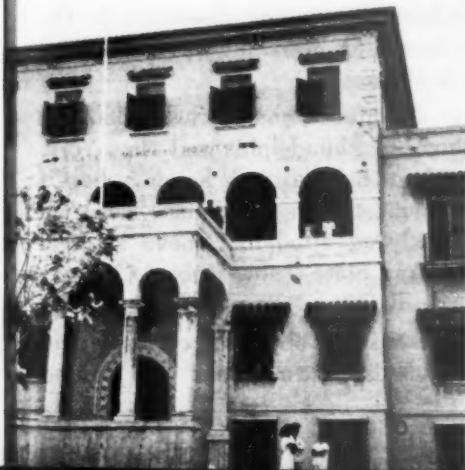
ling pro-
to Rico's
a fairly
majority
om units.



Puerto Rico's death rate, which averages twice that of the U.S., hits hard in all age groups but is unusually high in the 1-to-4-year-old bracket. Total number of beds available in the island's 100-or-so hospitals: about 3,500.



About one-third of Puerto Rico's hospitals are privately-operated by U.S. groups. Most of the sixty-odd public-owned institutions lack facilities and need repair.





GUESS WHO?

THE FOLLOWING TEN paragraphs are about a great woman of the 19TH Century. If you know who she is after reading paragraph one, rate yourself 100. Deduct ten as you progress, for each identification clue you miss.

1. She was born in Bristol, England, in 1821, the daughter of an intensely religious mother, and a father who, besides running his prosperous sugar refinery, found time to be interested in all kinds of reforms. She spent a happy childhood with her four brothers and four sisters, every one of whom grew up to be widely known in their respective fields. She was especially close to her sister Emily, with whom she shared the events of her professional life.
2. When she was nearly eleven, the family migrated to America, lived in New York several years, and then moved to Cincinnati. Here her father died and, in order to support the family, she and her sisters opened a school for girls in their home. Harriet Beecher Stowe was her neighbor and friend.
3. At the age of 24, she startled her family and friends by announcing her intention of becoming a physician—a thing absolutely unheard-of at that time. She was obliged to teach music two more years in order to earn enough money to attend medical school. But, during this time, she had private instruction in physics, chemistry, and theory of anatomy, studying very hard before and after school hours. She next went to Philadelphia where she studied dissection in Dr. Joseph Allen's private school, thus becoming the first woman admitted to a dissection classroom.
4. In vain, she knocked for admittance on the closed doors of the leading medical schools of Philadelphia and New York. Shocked deans and presidents held up their hands in horror at the thought of a woman studying medicine. Then, in 1847, she was inadvertently admitted to Geneva Medical College in Western New York State, (now Hobart College) as a result of a student prank.
5. At Geneva, she found herself the object of curiosity and hostile criticism. It was thought that a woman who wanted

to become a doctor must be a freak, a monstrosity, a brazen female aspiring to man's estate! Women drew aside their skirts when she passed and the college students jostled and jeered. She endured it all calmly until her perfect decorum and obvious sincerity finally put hostility to shame.

6. Her last year at Geneva College was quite happy and, in 1849, she graduated with highest honors, as well as a long list of "firsts." She was the first woman admitted to a medical school; the first who dared to study medicine in a classroom of men; first to receive a degree in medicine, and the first woman to intern in an American hospital.
7. She spent the two years after graduation in further study abroad. At the La Maternité in Paris, she contracted a deadly eye disease while treating the eyes of a baby. This cost her the sight of one eye, and forever closed the door on her ambition to become a surgeon. After a long illness, she studied in London, where she began a life-long friendship with Florence Nightingale. Returning to New York, she acquired an extensive practice, did charity work in New York's worst tenement section. In May 1857, she founded a hospital entirely staffed and operated by women.
8. Later, in connection with the New York Infirmary for Women and Children, she initiated a nursing program which preceded the first recognized nurses' training school in America. Following this, she founded the Women's Medical College of New York Infirmary.
9. By 1868, her institutions were running smoothly. Leaving them in the capable hands of her sister Emily, her associate, she went to England where she spent the rest of her life. Here she became connected with The Women's Medical College in London, the first school to be opened in England for training women physicians. Here she also wrote her most notable books, and in 1871 founded the National Health Society.
10. By the time she retired, her reputation was almost worldwide. Her books, which had brought her a storm of abuse when first published, had now come to be used as textbooks. Geneva Medical College celebrated the 50th Anniversary of her graduation by naming the new dormitory of its co-educational school in her honor. She died in 1910, at the age of eighty-nine, honored for having pioneered the way for women in the field of medicine. [Solution on page 102]



Look After Your Looks

by Marguerite Sheridan

IN MY PRE-MATERFAMILIAS days, not too long ago, when I was Beauty Editor of one of the popular fashion magazines for young women, cosmetics came my way in little droves. Once, twice, three times a day even, and in the case of over-anxious manufacturers, ordinary mail wouldn't do. It had to be special delivery or nothing. Naturally, all these fragrant gifts had to be guinea-pigged before receiving editorial benediction and endorsement, for ours was a stiffly edited magazine which didn't believe in encouraging its readers to part with one solitary penny for any cosmetic

we mentioned unless it had first been rigorously tested and accepted. In other words it had to be practical, as well as prettifying.

To aid in this ritual were the ever-willing office staff and a special coterie of friends and relatives. From this latter group I usually relied for "last-say" approval on a small handful of acid-testers. All nurses: my sister, a school nurse, and her five friends who supplied me the military industrial staff nurse, operating room, and air-stewardess angles. A six-way diversity qualified to give any cosmetic I might pass along a whole-

hearted examination, usage and evaluation . . . and that's just what I got.

From their reports, over a year's period, it became simple to winnow out a list of basic cosmetics which every R.N., no matter what her particular phase of nursing, should have on hand at all times. And, I might add, in the economy size to forestall running short at the wrong time when a trip to the corner drug store for refueling is just out of the question. Check now, and see how your dressing table lineup compares with my nursing confraternity's choice.

A RICH HAND CREAM. The more emollient the better. All five R.N.'s agreed that their jobs led their hands often and long into hot water, drugs, disinfectants, and other de-glamourizing situations which tended to roughen, chap, and dry. Naturally they were all for correcting same for they figured that not only were their hands important in cooling the fevered brows they might meet in their busy days, but that they were the anatomical attribute which patients



judge first. To a girl, they seemed to single out creams to liquids, emphasizing their non-stickiness, easy penetrability and economical non-spillability. Somehow they felt it was a cinch to gauge the amount of cream that would take care of a soothing

once-over-lightly but doling out the right amount of drops without overdoing wasn't exactly their forte. Perhaps you disagree and if so, then, by all means, load up with lotions. Just so long as they smooth away redness and that dried-leaf feeling.

A NON-DRYING POWDER BASE. In all cases but one, my finicky testers alternated lotion or cream bases, but to the last white cap they swore a powder base was a "must," an essential, a positive indispensable to combat the



indoor foes of overly-heated rooms and dry air. To say nothing of the cosmetic attribute of anchoring makeup as if it had been freshly applied every hour on the hour.

The dissenting voice was the gal who held out for a cake makeup, but she was right, for hers was a particularly oily type of skin which needed the arid restraint to quiet down the nasty bubbly eruptions which might otherwise sprout up on her chin and nose. She just had to keep her powder dry. Not that the others shunned the cake variety. They did use it for special occasions but at such times, and in deference to their normal and dry skins, they just glossed it over their pet cream or lotion bases and the effect was very, very nice!

A GOOD BRUSH. Here the nurses chime: "And don't spare the expense," for regular, energetic brushing adds a very attractive crowning

glory addition to that bedside manner . . . and let us assure you, patients—both male and female—are strongly aware of same. My sister has a particularly breath-taking thatch of au-burn waves which dim-lusted a bit when she first entered training. All because, in the course of being the eager-beaver probie, she spent more of the midnight oil on medical books than on beauty. A gentle big-sisterly hint (from me), plus a guinea-pig session with a new type of brush, soon saw her mend her ways. Clinically, I report, all is once again gleam and shimmer!

In line with a good brush, we urge the accomplice of a fragrant pomade to keep unattractive wisps out of sight, to polish up aging "perm" ends, as well as to restrain errant upsweeps from decline and downfall. Again the reminder that a nurse's audience is most critical and rarely prone to accept the alibi of coiffure-wrecking duties. (Just let them loose in the delivery room once with an excited mama-to-be!) Instead they expect chic and impeccability at all times. So, not to shatter their illusions, ply the pomade and keep all the curls out of the middle of your forehead.

A DEPENDABLE DEODORANT. On this item, our nurses' preferences differed. What clicked with one wasn't exactly exclaimed over by the other five. But the chief requisite universally demanded was that it do a thorough job, and positively not stain nor erode a thread of those precious, still-hard-to-get white uniforms. Most of

the girls used two jars at a time. One at home. One at the office or hospital. Re this particular type of cosmetic, I took these words as gospel, for nurses, more than any other group whose work brings them into such intimate contact with the delicate proboscis (healthy or ailing) must be the flower-freshest of them all. Which is as it should be, don't you think?



A FOOT-CARE KIT, composed of such wherewithal as a lubricating cream for massage, a husky pumice stone, a cooling mentholated lotion and, I add, with a grin at the gals' injunction, a pair of bed socks. Almost all of them admitted they covered their toes at the first show of frost, and so hooded them the entire winter. And almost all claimed there's nothing like nightly pampering if you want to glide off a case instead of making like a creep the last twenty-four hours.

A REFRESHING EAU DE COLOGNE. Here the consensus was that it should be chosen for its subtlety and appeal to the patient. How's that for self-denial? Not that they advocated the albatross technique of dousing on a personally antagonistic scent that underlined that fragrant, calm exterior with a slightly bilious green feeling in the R.N. tummy . . . but you get the idea. A cologne that was personally appealing but especially titillating to the more susceptible noses of the less healthy brethren under their care.

AN ENERGETIC CLEANSING CREAM, PLUS A RICH NIGHT CREAM. We twin

these items because all of us (the board and myself) felt that they were as inseparable a part of the daily routine as the two-way routine of checking the patient's temperature and reporting same to the doctor on duty. The first—a cream that is solely a cleanser, to rout out schoolroom dirt, overseas lack of soap, factory soot, hospital grime, and ozone foreign matter. As for the night cream, the girls were particularly anxious for one that would combat the old bogie—indoor traffic with drying air, too much hard water, etc.

And there you have them, the prime list of what the well-groomed nurse will make the nucleus of her cosmetic wardrobe. Of course you'll want to supplement it with the important addenda of rouges, powders,

lipsticks (lip pomades, too, if you are like my six friends who make them a wintry-weather essential . . . like the bed socks, remember?) and the other important lily-gilding etcetera. But if you're wise, you'll fortify yourself like my testing beauties with the essentials first. Each of these nurses, I might add, is attractive and quite sensible of the fact that, just like the busiest Powers or Conover miss, her looks are a vital part of the R.N. job. And if she can develop same to cover-girl proportions, why shouldn't she? Go thou and do likewise.

[Mrs. Sheridan was formerly one of the editors of Charm. Now a freelance writer and a mother, she has kept up her interest in nurses and further articles from her pen will appear in the future.—THE EDITORS.]

Probie



"Taste this."

REVIEWING THE

News

Army Recruitment

Appointment of 300 nurses without prior military service has just been authorized by the War Department. Applicants must be graduate R.N.'s, under 34, single (or widowed without dependents who are less than 14 years old), and in good physical condition.

Those accepted will be commissioned as second lieutenants. The rank carries a base pay of \$180 a month plus 70 cents a day for subsistence. Quarters are provided without deduction from salary, and an initial uniform allowance of \$250 is authorized upon appointment.

Application blanks may be obtained by addressing the Surgeon General, Pentagon Building, Washington 25, D.C.

Job Hunting

Hospital positions attract 63 per cent of the nurses who secure employment through professional counseling centers, according to reports from 21 states received by the ANA's Professional Counseling and Placement Service.

In comparison with the high percentage of placements in hospitals, only 16 per cent are in public health nursing, and 3 per cent each in nursing education, industrial nursing, and

private practice. Twelve per cent are in miscellaneous fields.

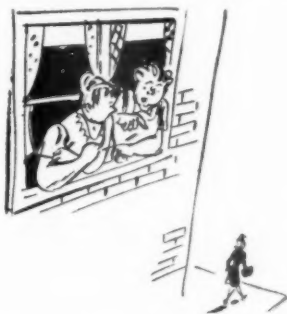
"We see a better distribution of nursing service and a lessening of the nursing shortage, at least in some areas, in the 27 states where the nurses' associations have thus far established professional counseling and placement services," says Helen M. Roser, assistant executive secretary of the ANA service. "Nineteen of these states have appointed specially qualified counselors; in the others, the work is carried on by the executive secretary of the state association.

"That employers of nurses are turning in substantial numbers to the counseling offices for assistance is evidenced by the fact that 23 per cent of all interviews are with employers. Professional nurses seek 59 per cent of the interviews, practical nurses 6 per cent, students and others 12 per cent."

'It's News to Me'

Washington State Graduate Nurses Association is continuing its efforts to secure legislation for the compulsory licensing of practical

nurses. A bill to create a new nurse practice act was presented to state legislators last month . . . Blue Cross will raise its subscriber rates in the New York City area by one-third on May 1. Reason: increased hospital costs . . . A special course in advanced T.b.-nursing has been established for V.A. nurses at Western Reserve University in Cleveland . . . Surgical and obstetrical care on a prepaid basis will soon be available in the nation's capital. The prepayment program is being offered under the sponsorship of the District of Columbia medical society . . . Eleven-months' courses in anesthesiology began Feb. 1 at six Army hospitals. Those who complete the course will be given two months' ad-



ditional training at selected civilian institutions . . . Lump-sum retirement payments to certain disabled service nurses of World War I are provided for in a bill (H.R. 799) now before Congress . . . Efforts were being made last month to break the deadlock between British doctors and government officials over provisions of the new socialized-medicine program. The doctors have voted not to participate in the plan

as now projected . . . An intensive short course in health education will be given at the University of Washington Medical School, Seattle, from June 23 through July 3 . . . The Connecticut State Medical Society has endorsed a plan for "single-package" prepaid medical-hospital insurance to be underwritten by five commercial companies.

PHS Positions

Examinations for the appointment of nurses to the first three grades of the regular commissioned corps of the U.S. Public Health Service are being given this month and next in 21 large cities. The positions open are in Marine hospitals, in public health nursing, and in certain special PHS projects.

The examination for Junior Assistant Nurse Officer (comparable to the rank of Army second lieutenant) may be taken by any R.N. who is a U.S. citizen and who holds a diploma from a state-accredited school of nursing (i.e., one connected with a hospital which has fifty or more patients a day and which offers experience in medicine, surgery, pediatrics, and obstetrics). She must also be a high school graduate (or able to meet college entrance requirements), and must present evidence of general suitability for professional work. Candidates with college degrees are given preference.

Senior student nurses may take this examination if, upon graduation, they will have met the above requirements; but no appointments

will be made until evidence of registration has been presented.

Those seeking the rank of Assistant Nurse Officer (comparable to an Army first lieutenancy) must meet all the above requirements; in addition, they must (1) have been out of high school at least seven years, (2) have devoted intervening time to professional training, and (3) have either obtained an academic degree or served at least four years in the Public Health Service or the nurse corps of the armed forces.

Candidates for the rank of Senior Assistant Nurse Officer (comparable to an Army captaincy) must have completed at least four additional years of postgraduate training or experience, or a total of eleven years' professional work since high school.

Appointments are permanent, but officers may resign at any time except during a war emergency.

First examination takes place in Boston on Feb. 24. Those in most of the other cities are scheduled for March.

Navy Nurses' Outlook

The pay and allowances granted Navy nurses by temporary wartime legislation would be placed on a permanent basis by enactment of a bill (S.322) introduced in the Senate last month. The measure provides (1) for the appointment of nurses to permanent commissioned rank, with pay, promotion, retirement, and other benefits comparable to those of regular Navy officers, and (2) for

the establishment of a Nurse Corps Reserve composed of commissioned officers.

In recommending enactment of the bill, the Navy is following a line of action already taken by the Army, the Public Health Service, the Veterans Administration, and the Civil Service Commission, all of which have set about to accord nurses greater professional recognition as Government employees. The measure has the sponsorship of Senator Chan Gurney (R., S.D.).

Rehabilitation

America cannot afford to ignore any longer the 23 million persons who require physical or mental rehabilitation in order to earn their own living. warned Dr. Howard A. Rusk in announcing the vast new medical rehabilitation program of New York's



Bellevue Hospital and the New York University College of Medicine. Beginning the first of the year, Bellevue will set aside 100 beds for the program until a new, separate pavilion of 600 beds is completed, whereupon the service will go into high gear. Patients will [Continued on page 68]

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Calling All Nurses



NURSES WHO WOULD LIKE to locate friends whose addresses have been recently changed or become lost during the past few years may submit for publication, without charge, a short notice of not more than 75 words "calling" for information about any other registered nurse.

GARNET A. KEFFER: Originally from Ashland, Ky. Graduated 1943 from St. Mary's School of Nursing, Huntington, W.Va. Last heard from in Vallejo, Calif. Please settle down long enough to write to Mrs. Jessie Taylor Kennedy, 1302 East Walnut St., Goldsboro, N.C.

JUANITA GHORMLEY: Graduated from University of Portland, College of Nursing. Last heard from in Alaska. Would enjoy hearing from you again. Martha Keeley Baroody, 169 Owasco Rd., Auburn, N.Y.

MILDRED ANN HOOVER NICKEL: The last I heard from her was in March. She was then a 2nd Lt. in the A.N.C., stationed at Madigan General Hospital, Fort Lewis, Wash. I am most anxious to find her. Please help me if you can. Melba A. Smith, 6220 Hayes Ave., Los Angeles 42, Calif.

TILLIE AND TOMMY, A.N.C.: My daughter, Lt. Clara Ann Young, died last year at Crile General Hospital

and left messages for both of you which I've never been able to deliver because I know only your first names. I believe you were stationed at Billings General Hospital, Ft. Harrison, Ind., with Clara in 1942. Won't you please communicate with me? Mrs. Joseph Young, 1506 Wooster Ave., Dover, Ohio.

BACK-COPY COLLECTORS: I have back copies of *R.N.* through 1939, the *American Journal of Nursing* through 1938, and *Public Health Nursing* through 1939. If you would like to have them, write Agnes F. Weiner, Ponsford, Minn.

JUANITA SOWELL: New Orleans Charity graduate, class of 1939. Will you please get in touch with Hazel Speeg Schiffhauer, E. Brookstown Drive, Box 460, Route 1, Baton Rouge, La.

SHIRLEY O. SCHMIDT: Graduate of St. Luke's Hospital in New York. Served in the A.N.C. in England and Germany. Lost track of her in Ger-



PERTUSSIN

a valuable Therapy for distressing COUGHS in

- Acute and Chronic Bronchitis
- Paroxysms of Bronchial Asthma
- Dry Catarrhal Coughs
- Whooping Cough
- Smoker's Cough

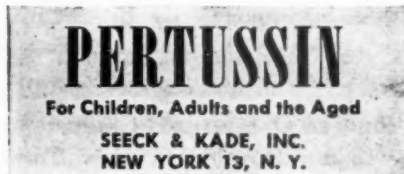
What Pertussin is

An extract of thyme (Process Taeschner) is the single therapeutic element in Pertussin. It is quickly absorbed and carried to the secretomotor center. Pertussin is highly beneficial in easing cough paroxysms not due to organic disease.

What Pertussin does

1. Pertussin stimulates secretion of the tracheobronchial glands to relieve dryness. **2.** It facilitates removal of mucus accumulation. **3.** It improves ciliary action. **4.** It exerts a sedative effect on irritated mucous membrane.

Pertussin is entirely free from undesirable side action. It is pleasant in taste, and well tolerated.



many. Sure would love to hear from you, Smitty, and so would Valley. Carolyn Poole Helton, Grafton, N.Y.

FRANCES MOON AND GLADYS M. ORR: Mack and I miss you both and would like to see you. Please write me or call 5-6157. Lois W. "Steve" McCurdy, 1828 E. 23rd, Wichita, Kan.

GRADS OF ST. JOSEPH'S: Help us plan our alumnae reunion. Get in touch with Cecilia Dunn, R.N., 1219 Oakridge St., Pittsburgh 26, Pa.

ANNIE MCCRANIE, A.N.C.: Home address, Rhine, Ga. Where are you located now? Mrs. Jananne Ludwig, 717 E. Thompson Ave., Hoopeston, Ill.

JEAN KACHELRIES AND RITA O'KEEFE: Jean graduated in '37, Rita in '38 from Connecticut State Hospital, Middletown, Conn. Would like to hear from you both. Mrs. Rita Abbey, 39 So. Main St., Middletown, Conn.

GRADS OF FRED ROBERTS HOSPITAL: If you are a graduate of the Corpus Christi School for Nurses and did not receive a letter from our alumnae secretary last November, write at once to Mrs. Teckla Lattimore, 1221 Cambridge Drive, Corpus Christi, Tex.

BACK COPY COLLECTORS: I have R.N.'s back to 1938 and they are in very good condition. If some institution or individual would like to have them, I'll gladly send them along, postage prepaid. Helen L. Hughes, 976 E. Orange St., Lancaster, Pa.

Guard those soft hands with creamy Trushay

TRUSHAY's a different sort of hand lotion. You smooth it on *before* washing with soap and water, *before* using harsh cleansers, antiseptics or chemicals.

TRUSHAY is not sticky or greasy. One of its ingredients is Triethanolamine, used by dermatologists for its emollient action on red, rough or irritated skin.

No wonder **TRUSHAY**-protected hands have a delightful velvety feeling, a soft, lovely look.

Scented like a fragile flower, **TRUSHAY** gives your hands exquisite care whenever and wherever you need it.

Patients will appreciate your recommending **TRUSHAY**.

TRUSHAY
THE "BEFOREHAND" LOTION



A Product of BRISTOL-MYERS COMPANY, 19NC WEST 50TH STREET, NEW YORK 20, N. Y.



● Here's all it takes: Maybelline Mascara to darken your eyelashes beautifully . . . and Maybelline soft, smooth Eyebrow Pencil to accent your brows. Thrilling results—lashes look darker and longer, eyes larger and brighter, brows so much more expressive! For daytime—and date-time, use softly flattering Maybelline—the Eye Make-up in Good Taste.

● Maybelline Eyebrow Pencil. Black, Dark Brown or Medium Brown.

● Maybelline Solid Mascara in stunning new metal vanity (or Cream Mascara in leatherette case) \$1. Black, Brown, Blue.



Reviewing the News

[Continued from page 64]

bè paralytics, spastics, and sufferers from other crippling diseases, and their treatment will include physical medicine, physical retraining, psychological and social assistance, and vocational guidance—all aimed, in the words of Dr. Rusk, at facilitating progress “from the bed to the job.”

Dr. Rusk, who will direct the program, is head of the department of rehabilitation and physical medicine at the N.Y.U. College of Medicine, which has been conducting research for two years under a grant from the Baruch Committee on Physical Medicine. He reports that a small scale test of the program has been completed with stimulating results.

Uncapped “Attendants”

A move on the part of the Registered Nurses Guild (AFL) to seek New York State legislation requiring practical nurses to call themselves “certified attendants” was announced last month by Gene E. Helbig, executive secretary of the guild. The move will have full AFL support, he added, and efforts will be made to bar such “attendants” from wearing a nurse’s cap.

According to Mr. Helbig, “the public has suffered at the hands of many persons who have secured their license by waiver of examination.” He claimed that “in many cases” practical nurses are representing themselves as graduate R.N.’s, and he strongly urged the State Board of

“Honest, Doctor,
I’m not a mind reader!”



The Doctor seemed surprised when he saw me requisition
“Lysol” for my work throughout the hospital.

“You been reading my mind?” he asked.

“Uh uh!” I replied. “Just heeding what you signed. You see,

I read your memo *insisting* on the use of “Lysol” (and not just
cresol or what-have-you) for disinfection of sharps, and for postnatal
care. And I figured that if “Lysol” is so important where *dependable*
disinfection is *vital*, it must be smart to use it in *all* my work.”

With that, he congratulated me, and explained that with
a phenol coefficient 5, (more than twice that of ordinary U.S.P. cresol
compound) “Lysol” brand disinfectant did a *real germ-killing job*.

This greater strength makes “Lysol” economical, too,
for cleaning floors, walls, etc.

So naturally I’m still specifying “Lysol” for *all* phases
of my hospital service that require thorough
and effective disinfection.

“*Lysol*”
Brand Disinfectant

REG. U.S. PAT. OFF.



LEHN & FINK PRODUCTS CORPORATION
683 Fifth Avenue • New York 22, N. Y.

Product of Lehn & Fink Products Corp.

Regents to reconsider its decision of last November to seek repeal of the law requiring the licensure of practical nurses.

The Guild secretary's plea, made before a board hearing in Albany, was supported by nearly all of the fifty-odd representatives present from various health organizations. The board was also urged to undertake a comprehensive state-wide study of nursing conditions.

Conference

The New York State industrial nurses will hold their Second Annual Conference at the Hotel Pennsylvania on March 1 and 2, 1947. Guest speakers will include Dr. J. J. Wittmer, Vice-President of Consolidated

Edison; Dr. F. Shillito, Medical Director of Pan American Airways; Dr. I. Cutter, Ph.D., New York University; and Dr. T. Rosenthal, New York City Public Health Service. Physicians, safety engineers, nurses, and business personnel who are interested in industrial medicine are invited to attend.

Hotel reservations can be arranged by writing to Miss Claire Woltmann, 469 West 24th St., New York 11, N.Y.

V.A. Women Doctors

All ten of the women physicians recently appointed as consultants to the Veterans Administration served in the armed forces in World War II, according to information from the office of Dr. Margaret D. Craig-



"Puss-in-White-Boots" says: "Try Energine Shoe White, containing the finest, whitest pigment money can buy! You'll be amazed to see how snowy white it gets your shoes... how speedily it makes dirt and smudges vanish. Yes — it actually cleans as it whitens, and it whitens evenly, too, from toe to heel. And there's nothing that *stays* on better."

ENERGINE SHOE WHITE



Doubly Preferred by Registered Nurses!*



VETO
 Colgate's Amazing New Antiseptic
 Deodorant Checks Perspiration,
 Stops Odor, Yet Is
Doubly Safe!

**Checks Perspiration
 Yet Safe for Skin**

VETO is Antiseptic—Keeps you dainty

**Stops Odor—Yet
 Safe for Clothes**

No Rotted Dresses with Colgate's **VETO**



**Only VETO, No Other Deodorant, Contains Exclusive
 New Safety Ingredient, DURATEX**

Veto is different from any other deodorant you have used before. This new antiseptic cream deodorant prepared by Colgate contains *Duralex*, an exclusive new safety ingredient. Tests by the Better Fabrics Bureau show that Veto is safe for fabrics—does not rot clothes.

And Veto is safe for any normal skin. Veto stays moist in the jar, spreads and rubs in easily.

Use *Doubly Safe Veto* regularly to guard your daintiness and to stop odor, check perspiration safely. 10¢ and larger sizes, drug and cosmetic counters.

* According to a nation-wide survey, Registered Nurses who have tried Veto prefer it almost 2 to 1 over any other deodorant.



*Stays Moist in the Jar!
 Never Gritty or Grainy!*

APPROVED SAFE FOR FABRICS
 Better Fabrics Bureau



Dennison DIAPER LINERS

Physicians and nurses have found that Dennison Diaper Liners make the diaper problem simpler and easier for new mothers. Physicians and nurses recommend Diaper Liners because they are sanitary and so soft next to baby's tender skin that they help prevent chafing and help guard against diaper rash.

Diaper Liners make diaper washing much less disagreeable. Hours of hard scrubbing are eliminated. The Liner is simply folded inside diaper. When soiled, the Liner is flushed away. Quick, simple, easy!

Suggest Dennison Diaper Liners to new mothers, and to your hospital, too. The cost is only a few cents a day.

Deluxe: 180 for \$1.00;
Cradle Time & Downesoft: 180 for 69c.

DENNISON, Dept. P-278
Framingham, Mass.

FREE Please send me a whole day's supply of Dennison Diaper Liners.

Name.....
Street.....
City.....Zone.....
State.....

hill, a veteran herself and now the V.A.'s chief consultant on medical care for ex-service women.

► Dr. Marian C. Loizeaux (Boston office) had the rank of major and was on the staff of the chief surgeon, ETO. A graduate of Cornell Medical College, she was awarded the bronze star for her service record.

► Dr. Margaret Janeway (New York office), also a major, served in North Africa and in the office of the Surgeon General in Washington. She was awarded the Legion of Merit for her work overseas.

► Dr. Jane Liebfried (Philadelphia office) was a captain assigned to the Army's Oakland (Calif.) regional hospital. She received her M.D. from Women's Medical College of Pennsylvania.

► Dr. Gertrude R. Holmes (Atlanta office), a graduate of the Medical College of South Carolina, was stationed at various Army hospitals in this country, and was released from service with the rank of captain.

► Dr. Grace Haskin (Columbus office) was a lieutenant commander in the Navy. She was graduated from Western Reserve School of Medicine, and served at several naval hospitals and in Washington.

► Dr. Angie Conner (Chicago office) saw service as an Army captain in New Guinea and the Philippines, and was awarded the bronze star.

► Dr. Elizabeth D. Fletcher (St. Louis office) was stationed at the Naval Hospital in Memphis, and held the rank of lieutenant when released from active duty.

► Dr. Eleanor B. Gutman (Seattle



**do
you
know
what
these
symbols
stand
for?**



DRUGS

Rexall for Reliability

The caduceus, or winged staff worn by the members of the United States Army Medical Corps, has its roots in ancient religion. The staff with its twisted serpents was carried by Mercury, son of Jupiter, in his duties as messenger of the gods.

Another symbol familiar to medical men is the blue and white Rexall emblem. You'll find the Rexall symbol on carefully selected and conveniently located neighborhood stores throughout the country. Whenever you see it, you'll know that prescriptions filled there will be compounded with superior pharmacal skill, from pure, potent drugs, laboratory-tested under the Rexall system of controls.

REXALL DRUG COMPANY
LOS ANGELES, CALIFORNIA

Pharmaceutical chemists for more than 44 years



Devoted to Service

... HAYDEN'S

VIBURNUM COMPOUND

HVC

PHYSICIAN'S
SAMPLES
SENT ON
REQUEST

An ever increasing number of physicians are prescribing HVC for women patients whose duties require uninterrupted attendance to their daily tasks. HVC is antispasmodic and sedative in action. Relieves smooth muscle spasms. Also widely used for intestinal cramps and as a general antispasmodic. Non toxic. Extensively prescribed in dysmenorrhea.

NEW YORK PHARMACEUTICAL COMPANY
Bedford Springs Bedford, Mass.

BENCONE UNIFORMS

Give You



office), a graduate of Yale Medical School, served in North Africa, the Mediterranean theatre, and Germany. She won the rank of major and received the bronze star.

► Dr. Hulda E. Thelander (San Francisco office), a lieutenant commander in the Navy, was assigned to Marine Corps Headquarters, Department of the Pacific and to Marine Barracks, San Francisco.

► Dr. Ruth Bergess (Denver office) was on duty at the Naval Hospital in Philadelphia. At the time of her release, she was a lieutenant (junior grade).

Names in the News

Only male in a class of 41 student nurses at St. Paul's Hospital, Dallas, Tex., is a former Army medical corpsman, John Malavear. A little too old (34) to start the long course of study required for an M.D. degree, the ex-G.I. decided upon nursing as the best means of benefitting by his wartime experience. His training is being received under provisions of the G.I. Bill.

Katherine J. Densford, R.N., director of the School of Nursing at the University of Minnesota and president of the ANA, has collaborated with H. Phoebe Gordon and Edmund G. Williamson in the authorship of a prize-winning volume, "Counseling Programs in Schools of Nursing." An award of \$1,000, offered by the McGraw-Hill Book Company, goes to the three collaborators. The book is scheduled for May publication.

COMPARE THIS INFANT CEREAL WITH ANY OTHER

For ingredients... Clapp's Instant Cereal is made from the following ingredients: whole-wheat meal, corn meal, wheat germ, malt, nonfat dry milk solids, calcium phosphate, dried brewers' yeast, salt, and iron ammonium citrate.

For nutritional values... While the quantity of Clapp's Instant Cereal used may vary considerably for the individual, 1/2-oz. and 1-oz. quantities may be considered average daily amounts for the infant and young child respectively. These amounts furnish the following

percentages of the minimum daily requirements:

For infants, vitamin B₁—120%, vitamin B₂—20%.

For young children, vitamin B₁—60%, Iron—113%, Calcium—32%, Phosphorus—22%.

Because the essential Calcium, Phosphorus, and Iron requirements of infants, and the vitamin B₂ requirements of children vary so widely, it is impracticable to establish minimum daily requirements.

For taste... Hundreds of cases are on record in which infants who refused other cereals accepted Clapp's Baby Cereals readily. Reports are constantly received from mothers of marked improvement in their babies' appetite for cereal when Clapp's was substituted for brands formerly used.

For texture... The fine, but definite, texture of Clapp's Baby Cereals is readily accepted by babies. This texture, marking a distinct advance over a liquid diet, prepares the infant for later progress to solid food.



The Council on Foods of the A.M.A. suggests that infants' cereals may well be selected upon the basis of furnishing vitamin B₁ and Iron. Both Clapp's Instant Cereal and Clapp's Instant Oatmeal are excellent sources of these two food elements.

For generous professional samples write:

CLAPP'S BABY FOOD DIVISION
American Home Foods, Inc.
P. O. Box 164, Canal Street Station
New York 13, N. Y.



CLAPP'S BABY CEREALS



PRODUCT OF AMERICAN HOME FOODS



NO MORE ROUGH HANDS OR DRIED OUT SKIN

LAMO (Nason's) is a protective medicated skin cream . . . refined in a bland base . . . developed especially for the protection and care of the skin of nurses and doctors. LAMO has none of the objectionable features of lanolin alone; it is not gummy, greasy, stringy or unpleasant smelling. It has consistent body, does not dry out or become rancid, and is delicately perfumed. LAMO (Nason's) supplies beneficial fatty materials lacking in dry skin, or which may have been removed from normal skin by the continued use of strong detergents, as in pre-operative scrubbing of hands and arms, and gives lasting protection to the skin.

Ethically distributed in 1-oz. and 4-oz. tubes and 1-lb. jars by druggists or order direct from

TAILBY-NASON CO., BOSTON 42, MASS.

SEND FOR FREE SAMPLE OF

LAMO
(NASON'S)
**ALL-PURPOSE
LANOLIN COMPOUND SKIN CREAM**

Psychiatric Nursing

[Continued from page 49]

is mentioned people will say, "Oh, that's where that attendant killed a patient, isn't it?" They have even forgotten that the attendant was acquitted in court and is back at work.

Such played-up stories in newspapers continue to malign mental hospitals. One never sees such stories about general hospitals. Patients frequently die shortly after admission, but who blames the hospital publicly? People take it for granted that the patient was beyond recovery.

Everyone knows about penicillin and sulfa drugs, but how many lay people know what actually takes place in the care of a mental patient? Articles in general publications should tell more about insulin therapy and electric shock treatment. They should also tell how patients who have lost the will to eat are tube-fed, if necessary. In addition that doors are locked and windows barred not to make the place look like a prison, but to protect the patients. If people knew more about mental hospitals they would not hesitate to enter these institutions voluntarily at the beginning and curative period of a mental illness.

Terror stories on radio and screen which often have their setting in a "madhouse" tend to give the public the wrong impression. Instead of people who act mentally ill themselves portraying the doctors, nurses and attendants, how about some honest-to-goodness ones as used in the Dr. Christian series? Dr.

BALTIMORE
 Hutzler Bros. Co.
 CHICAGO
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 CINCINNATI
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 HOUSTON
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 LOS ANGELES
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 NEW ORLEANS
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When you
 shop at
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Uniform
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 you've found
 the smartest,
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 trated folder showing recommended styles
 in fine white combed poplin uniforms.

Triple aid in SKIN THERAPY

CAMPHO- PHENIQUE

(Phenol 4.75%, Camphor 10.85%
in an Aromatic Mineral Oil Base)

**combines Analgesic
Antipruritic and
Antiseptic Properties**

To promptly relieve the wide variety of minor skin irritations and injuries requiring treatment, many Doctors for years have used and prescribed Campho-Phenique Liquid Antiseptic Dressing. It works as a mild surface anesthetic to relieve itching and pain, combats swelling and secondary infection associated with

Eczema • Urticaria

Intertrigo • Athlete's Foot

Pruritus • Impetigo • Herpes

SEND FOR FREE BOTTLE



CAMPHO-PHENIQUE

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Please send me a free bottle of Campho-Phenique Liquid Antiseptic Dressing.

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City.....State.....

Christian and his nurse, Judy, wouldn't frighten anyone.

Movies are made about miraculous operations, recovery of hearing and sight, but who has seen one on the recovery of a lost mind? What we need are movies, radio plays and fiction, if you will, based on actual case histories of recoveries or improvements in mental institutions, portraying the best nursing care that these hospitals have to offer.

Call it idealistic if you wish, but one must climb toward the summit of a mountain to get even half way up it. The fact remains that we must try all means at our disposal to attract more nurses into psychiatric hospitals. Otherwise we will be hopelessly blocked in our ambition to provide more satisfactory care.

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California and all Western States for Nurses, Instructors, Anesthetists, Dietitians, X-Ray and Laboratory Technicians, Administrators, Medical Secretaries.

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IT IS GOOD PRACTICE

... in judging the irritant properties of cigarette smoke... to base your evaluation on scientific research.
In judging *research*, you must consider its source*

PHILIP MORRIS claims of superiority are based *not* on anonymous studies, but on research conducted only by competent and reliable authorities, research reported in leading journals in the medical field.

Clinical as well as laboratory tests have shown PHILIP MORRIS to be definitely and measurably less irritating to the sensitive tissues of the nose and throat.
May we send you reprints of the studies?



PHILIP MORRIS

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119 FIFTH AVENUE, N. Y.

**Laryngoscope*, Feb. 1935, Vol. XLV, No. 2, 149-154
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60
Proc. Soc. Exp. Biol. and Med., 1934, 32, 241
N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.



FROM BABIES ON UP. THE QUINTUPLETS

always used this for coughs of

CHEST COLDS

**Offers ALL The Advantages Of
A Mustard Plaster Yet Is So
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Ever since they were babies—the Quintuplets have relied on Musterole to promptly relieve coughs, sore throat and aching muscles of chest colds. It brings such comforting, long-lasting relief!

And Musterole is such a time-saver for you. It offers *all* the advantages of a warming, stimulating mustard plaster yet there's no fuss, no muss. Just rub it on the patient's chest, throat and back. Easier on you. Easier on the patient.

THE ONLY CHEST RUB made in 3 different strengths: Children's Mild Musterole for the average baby's skin. Regular and Extra Strength for grown-ups.

MUSTEROLE

Folic Acid

[Continued from page 43]

meaning leaf, because folic acid was found in a wide variety of green leaves.

Then in 1935 monkeys developed "nutritional cytopenia," with macrocytic anemia, when they were fed upon a diet of the known B complex vitamins. Again, certain liver extracts prevented or cured the condition, and so there was another unidentified factor called vitamin M.

At last the time arrived for consolidation of the findings. First, it was found that pure *L. casei* factor was successful in treating both the deficiency of vitamin M in the monkeys and the vitamin Bc anemia in the chicks. Folic acid did not receive too much attention because at that time the scientists were having difficulty in isolating the vitamin in a pure state from natural sources.

The synthesis of folic acid was successfully completed July 20, 1945, and it was then possible to supply amounts of pure folic acid to clinical investigators.

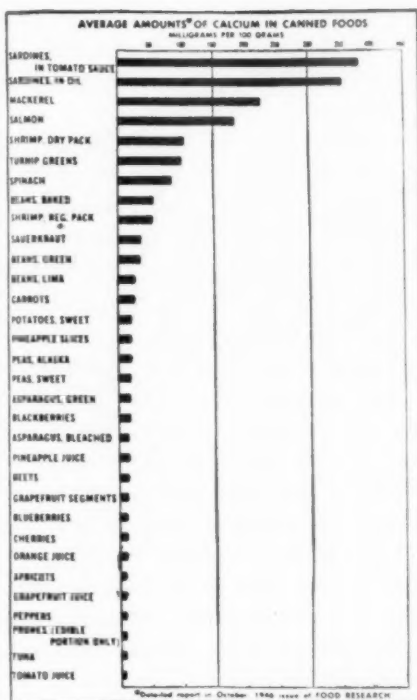
Dr. Tom D. Spies and his coworkers used the new synthetic material intravenously in cases of macrocytic anemia and reported an appreciable increase in reticulocytes with an increase in the number of red blood cells and hemoglobin content. Most important, these changes were accompanied by an "upsurge of well-being three or four days after the first injection."

Other leaders in the field reported amazing results in cases of nontropi-

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Getting down to earth on food values

Recent research makes available significant,
On-the-Table Values in Canned Foods



Why are these particular figures significant? Because they are *net* values. As you know, the figures usually quoted in nutrition tables are *gross* figures for raw, uncooked foods. Such figures do not take into consideration nutritional losses which occur in transit from field to market, to kitchen, and in home preparation.

The chart on the left gives the average *net*, on-the-table amounts of calcium in the most commonly consumed canned foods.

A series of twelve charts on the actual nutritional values of the most frequently consumed canned foods is now available in booklet form. For your copy, please address: Can Manufacturers Institute, Inc., 60 East 42nd St., New York 17, N. Y. We feel that this down-to-earth type of material can be extremely useful in the hands of the leaders in professional fields. With your support and recommendation, foods packed in cans will win the widespread acceptance they merit—as a truly great source of flavorful, economical nutrition.



No Other Container Protects Like the Can

cal sprue. Still more reports showed that cases of nutritional macrocytic anemia, some classed as true pernicious anemia and others as indeterminate cases, showed a definite hematologic response.

Then there were scattered reports of the use of folic acid orally, and a successful outcome in patients suffering with Addisonian pernicious anemia, one with macrocytic anemia of nontropical sprue, and one with pernicious anemia of pregnancy.

In January of this year, Spies and his associates reported that the daily oral administration of 200 mgm. of folic acid to three patients with tropical sprue caused subjective improvement in three to four days with gains in strength, vigor, and appetite. The following month there was a report of the treatment of 45 severely anemic patients. This group included nutritional macrocytic anemia; pernicious anemia; sprue; anemia associated with pregnancy, carcinoma, chronic alcoholism, cirrhosis of the liver and neuritis; aplastic anemia; leukemia; and iron-deficiency anemia. All were given folic acid, either orally or intramuscularly. The peak

in the reticulocyte response occurred on the fourth to twelfth day following institution of treatment. The only patients who did not respond were those with aplastic anemia, iron-deficiency anemia, or the anemia associated with leukemia.

Still later reports described results in treating pernicious anemia patients with folic acid and conclusions were that the results paralleled in all respects the response to liver extract therapy.

Obviously, the literature on folic acid and the new theories of blood regeneration in pernicious anemia is limited. However, it has been proven that this nutritional factor does stimulate red blood cell formation and that the old theories of large cell anemias have been revolutionized by the discovery that folic acid, itself, is the specific for this class of anemias. The complex physiological reactions and interactions are no longer acknowledged and, although the story of the reactions is still incomplete, it is safe to say that the mechanisms of blood regeneration in serious anemic states will be completely revised.—CAROLYN VALENTINE, B.S.

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COMFORT in a Tube of
V-E-M**

Much "BAD BREATH" is exhaled through the nose. A "SPOT" of wholesome smelling odor-masking V-E-M in each nostril affords pleasant comfort and relief for patient and nurse.

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Tar



IN ITS MOST ADVANTAGEOUS FORM

In Tarbonis, tar therapy finds heretofore unrealized value, not only therapeutically but also for reasons of cosmetic aspect. Compounded by a unique process from specially selected coal tar, the alcoholic tar extract in Tarbonis is exceptionally rich in the specific substances to which the action of tar is attributed. Tarbonis is greaseless, odorless, colorless; its vanishing cream base, containing lanolin and menthol, disappears after mild inunction. Hence it may be used on exposed skin surfaces without offensive staining of skin or clothing, and without oily residue.

Tarbonis is specifically indicated in many forms of eczema including the infantile types, seborrheic dermatitis, pityriasis, chronic eczematoid dermatitis, varicose and other indolent ulcers, and whenever the action of tar is required.

Nurses are invited to send for literature and a sample of Tarbonis.

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Send for Samples

Hart Drug Corporation,
Miami 30, Fla.

Please send me complimentary samples of
EFEDRON Hart Nasal Jelly

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Address _____

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Touch of Skepticism

[Continued from page 42]

accomplishments. People do not know that few disease conditions are clear-cut cases of the text-book variety, but that more often they are complicated by other conditions, known to the physician, but difficult to explain to the untrained medical mind.

Nurses, who are in such direct contact with the patients, can do a real job of combating the wrong kind of medical information. First, a nurse can read these articles with a touch of skepticism, especially if they are written by people with limited background, or those who specialize in yellow journalism. Nurses can check against the given facts from their own knowledge, and if a doubt remains there are many reputable sources that will help substantiate or disprove the statements. Every nurse has an opportunity to keep her friends informed.

The instances given here are random checks on well-circulated magazines. There are many more of them which you, as well as the public, have read. Probably these articles will continue to wound human feelings and disregard them in a desire to produce interesting and dramatic reading. Until publishers and editors insist upon more careful checking of medical articles, nurses—like doctors—must keep pace with scientific developments and be ready to answer legitimate questions prompted by the discussion of medical problems in the laity press.

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Enameled Hospitalware is
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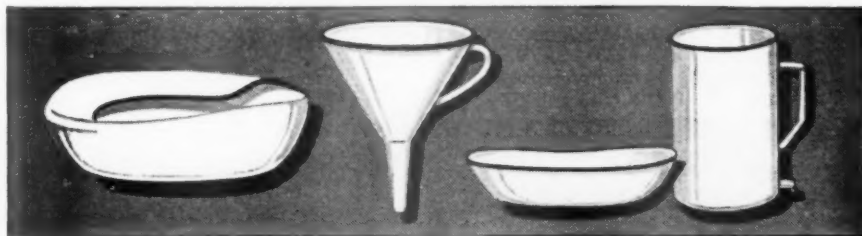


New Improved Porcelain on Steel Enameled Hospitalware remains the most economical to buy despite the great improvements made through new methods of manufacture and quality testing.

Enameled Hospitalware has a harder, smoother surface than ever before—a surface which is longer wearing, and even more

easily cleaned. It is tested for ability to withstand long exposure to acid, and for durability . . . to give you a larger measure of all the advantages which originally won for enameledware the almost universal preference for hospital use.

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PREVENT BANDAGES FROM SLIPPING WITH STA-FAST



Knee dressings, elbow, shoulder, chest, neck and scalp dressings stay in place with Sta-Fast Cohesive. Since tape and unnecessary wrapping are eliminated the patient enjoys more flexibility of injured member.

To protect bandage against dirt, water, oil, gasoline and many industrial chemicals, apply Sta-Fast over entire bandage surface. It dries quickly forming a thin, transparent flexible film. Applied around edges of gauze dressing to seal to skin, Sta-Fast makes a smoother, neater professional bandage. • SEND FOR FREE SAMPLE.

DETROIT FIRST AID COMPANY
DETROIT, MICHIGAN

Oxygen Equipment

[Continued from page 39]

different makes. On the flow meter, a minimum of 6 liters per minute is usually necessary to maintain 50 per cent concentration; this rate of flow will keep the carbon dioxide washed out of the tent, so that soda lime need not be used. With a slower flow, the soda lime chamber must be watched, and the contents replaced if the color changes from white to lavender, perhaps every 24 hours. It is generally regarded as false economy to use a slower flow than 6 liters for anyone but a child, as the soda lime cost rises, and the patient may not be receiving enough oxygen for therapeutic results.

The only way to know how much oxygen a patient is breathing is to make regular tests every four hours with an oxygen analyzer. The principle is simple: 10 cc's of tent atmosphere is removed with a syringe, usually through a catheter which is taped into the tent wall at a point not in direct draft from the oxygen inlet. This is injected into an analyzer solution, which absorbs all the oxygen, and the remaining gas is measured on a scale. Detailed instructions come with each analyzer, and directions are available for a home-made analyzer. If an analyzer is not available, the tent should be flooded with oxygen after each opening for nursing care, and a higher liter flow maintained.

Nurses can increase the efficiency of oxygen tents by planning to accomplish as much care as possible



In the Pink!

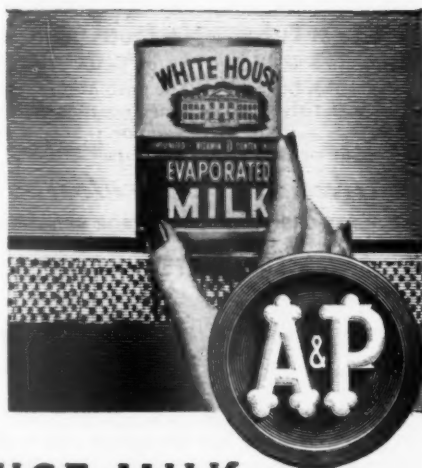
So cuddly soft, so cunning, such a pink-cloud complexion — and no wonder!

This baby's mother insists on a White House Milk formula, and medical authorities approve this choice.

They know that creamy-rich White House Milk is fortified with vitamin D₃, the "sunshine" vitamin—so important to the full development of strong, sound bones and teeth.

White House provides each essential nutrient of fresh milk, and is naturally easier to digest. There's none better!

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WHITE HOUSE MILK

There's None Better



400 U. S. P. UNITS OF VITAMIN D₃ PER PINT

each time the tent is opened, and by holding the sleeve snugly around the arm while reaching into the tent.

If 100 per cent oxygen is to be administered, or any fairly high concentration, a mask must be used. Two general types are employed, and the mode of operation differs.

The meter mask, O.E.M., or Barach mask, is equipped with a meter. Oxygen flows from the tank into a rubber bag at a concentration controlled by the meter. As the patient inhales this mixture, the flow should be just enough so that each inspiration will almost but not entirely collapse the bag. When the patient breathes out, the expired air passes through a valve on the face piece.

On the other hand, the B.L.B.

mask is planned for a certain amount of rebreathing. The first part of the expired breath goes back into a rebreathing bag where it mixes with incoming oxygen. The latter part of the expired breath, containing most of the carbon dioxide, goes out through sponge rubber disks in the side of the mask. When the patient inhales, the bag should completely collapse, and the breath be completed by dilution with room air coming in through those same sponge rubber disks. If the B.L.B. bag does not completely collapse, the patient is not getting air dilution but an amount approaching 100 per cent oxygen. The sponge rubber disks may be removed for washing and drying. If moisture soaked, they cause difficult breathing. If plugged

AT HOME OR AWAY

**SPOT
TESTS**

SIMPLIFY URINALYSIS

No Test Tubes • No Measuring • No Boiling

Diabetics welcome "Spot Tests", (ready to use dry reagents), because of the ease and simplicity in using. No test tubes, no boiling, no measuring; just a little powder, a little urine—color reaction occurs at once if sugar or acetone is present.

Galatest... Acetone Test (DENCO)

FOR DETECTION OF
SUGAR IN THE URINE

FOR DETECTION OF
ACETONE IN THE URINE

SAME SIMPLE TECHNIQUE FOR BOTH

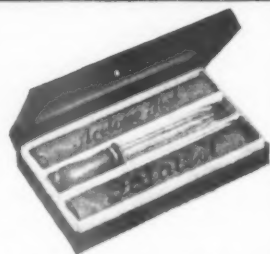
1. A LITTLE POWDER



2. A LITTLE URINE

COLOR REACTION IMMEDIATELY

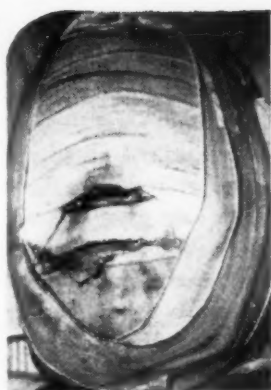
Accepted for advertising in the Journal of the A.M.A.
WRITE FOR DESCRIPTIVE LITERATURE



A carrying case containing one vial of Acetone Test (Denco), one vial of Galatest, medicine dropper and Galatest color chart is now available at all prescription pharmacies and surgical supply houses. This is very convenient for the medical bag or for the diabetic patient.

Acetone Test (DENCO)... ***Galatest***

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MANUFACTURING COMPANY, INC.**
163 Varick St., New York 13, N. Y.



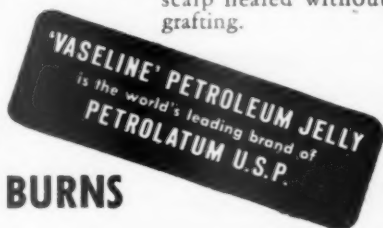
Case X—Massachusetts General Hospital Patient—Victim of Coconut Grove Fire.

NO. 1—2nd degree burns of face and ears and 3rd degree scalp burn covered by primary occlusive dressing on night of admission. Patient had a total burn surface of 12.5%.

NO. 2—As first head dressing was changed on seventh day, remnants of destroyed skin and dry serum are still present and uninfected.

NO. 3—Final view of the face on the 55th day showing absence of scarring, and normal contours. The scalp healed without grafting.

PETROLATUM in the Surface Treatment of BURNS



IN describing treatment of surface wounds of burn casualties following Boston's Coconut Grove fire, this simple technique was reported as "eminently satisfactory":*

1. No debridement of burn surface.
2. No cleansing of the burn surface.
3. Bland ointment with protective dressing ("... boric acid in petrolatum is safe").*
4. Chemotherapy administered internally.

This treatment, given extensive use following the disaster* has the advantage of simplicity. There is less manipulation of the patient, im-

portant in consideration of shock. There is quicker relief of pain, with less rolling as necessitated in debridement; and cleansing. Earlier relief of pain, too, by prompt covering.

Since infection originates almost entirely from surface contamination following the burn injury, it is pointed out that the earlier the wound can be covered, the less the infection. Thus this simple, early covering method becomes a measure against infection.

In treatment of burn surfaces the physician will find 'Vaseline' Petroleum Jelly—plain or boricated—is prompt and effective.

*Ann. of Surg. 117:885 (June) 1943.

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Whooping Cough in 80% of cases
Bronchial Asthma in 76% of cases
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100% of cases
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Vapo-Cresolene reduces nasal congestion, soothes and relieves the throat irritation that causes coughing.

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These three famous Trimble Nursery Necessities help mothers care for babies safely and with less effort.



KIDDIE-KOOP...
the folding safety-screened crib for complete protection.

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makes baby bathing simple, safe.

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Complete new helpful booklet "Making the World Safe for Baby," free for distribution to mothers. Write to Trimble, 80 Wren St., Rochester 13, N.Y.

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with dirt, they prevent the desired air movement.

The doctor may order 100 per cent oxygen for 10 minutes out of the hour, for example, or for an hour and then discontinued or reduced. Tests show that 100 per cent oxygen is safe for short periods, but has toxic effects if continued for a long time. If 100 per cent oxygen is given continuously, the patient should be carefully watched for nausea, dyspnea, or substernal soreness which may indicate oxygen injury. The concentration should be reduced to 50 per cent after 12 hours; 50 per cent oxygen apparently is safe indefinitely.

Before applying a mask, the nurse should wash and powder the patient's face, and remove the mask every two hours for rewashing and repowdering if the patient is awake. The mask should fit snugly but comfortably to avoid oxygen waste and injury to the skin. Find out whether the head strap feels better above or below the ears. Two types of face mask are available: the nasal, which covers the nose only, and allows the patient to talk, drink, and eat; and the oronasal, covering both mouth and nose, which is essential for mouthbreathers, or unconscious patients.

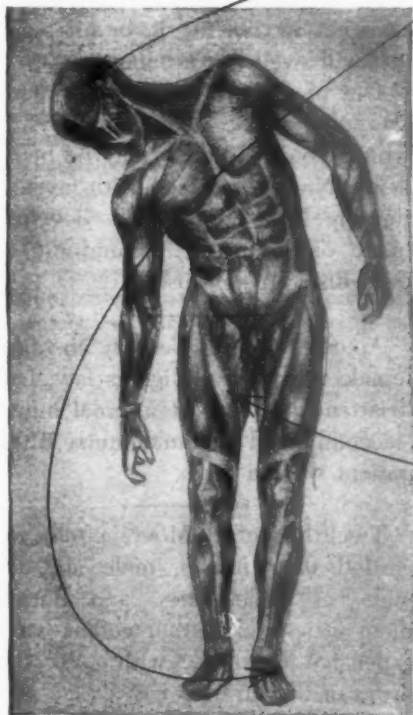
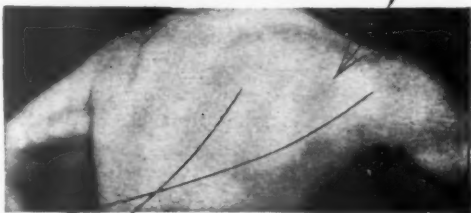
Oxygen is frequently given by catheter. An old catheter, softened by repeated boiling, is most comfortable. The catheter is measured from front teeth to the ear lobe, the tube marked at this point, and lubricated with vaseline. The oxygen flow is started, and the marked amount of catheter passed into a

Active

That systemic as well as local therapeutic activity may be achieved with such preparations as Baume Bengué is evident from the fundamental work of Moncorps, Kionka, Hanzlik, Brown and Scott. The unique high salicylate concentration of Baume Bengué, synergistically teamed with menthol affords a bilateral approach to arthritis, myositis, muscle sprains, bursitis and arthralgia.

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at the site of discomfort. Patients appreciate the active therapy and prompt symptomatic relief of a Baume Bengué massage. Topical analgesic effects and a beneficial hyperemia may be readily induced.



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Baume Bengué likewise makes a positive contribution...

1. systemic absorption of methyl salicylate elicits salicylate analgesia and subjective relief.
2. the prompt relief achieved promotes greater patient cooperation for the execution of specific measures, immediate and long-range, directed against etiologic factors.

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Baume Bengué provides 19.7% methyl salicylate, 14.4% menthol in a specially prepared lanolin base.

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WARNER'S* CHAFÉZE*
PREVENTS CHAFING

*Reg. U. S. Pat. Off.

nostril until the tip is just visible beside the uvula, in the oropharynx or throat back of the mouth. The oxygen tube should always be taped up the bridge of the nose to the forehead. Every twelve hours this oropharyngeal insufflation tube should be changed to the alternate nostril, to avoid nasal irritation. A flow of five or six liters per minute will give an approximate 50 per cent oxygen concentration, which is all that is practical with this type of oxygen equipment. The catheter must be kept clean and unplugged. A humidifier is absolutely necessary with this equipment, and the nurse must be sure that distilled water is kept at the proper level in the humidifier, to avoid drying the patient's throat. Be sure the patient is inhaling the oxygen, not swallowing it, or his stomach will swell like a balloon.

Out of this war have come many examples of the variety of ways in which oxygen therapy may be beneficial. Nurses familiar with oxygen therapy may help in the development of improved techniques, or even discover new uses.

Among the 18th Century Navajos, female nurses, by religious law, had to attend all cases of internal injury—accompanied by a male nurse if the patient were a man.

Twelfth Century Montenegrans regarded their nurses, male and female, as ecclesiastics, and buried them in special leather coffins—very expensive—together with all the drugs of their trade.

What gives
an apricot
dessert-appeal,
nurse?



At Gerber's we have the answer
to that right at the tip of our tongue.

We take the tartness out of apricots by adding a small amount (5%) of farina to make a pleasantly sweet, creamy-smooth dessert for Baby. That's one reason why our...

Apricots with Farina is such a hit with the High Chair Set. Another reason: we use *no* dried apricots—only hand-sorted, sun-ripened California apricots with all their extra, *natural sweetness*. And, to retain the highest possible amount of precious vitamins and minerals, Apricots with Farina is cooked the special Gerber way—by *steam under pressure*. All of Gerber's wide variety of fruits and vegetables is cooked this way—to preserve the *protective nutrients* so important to Baby's well-being.

The care we take is typical of the way we at Gerber's take the responsibility of feeding America's babies. Working hand-in-hand with the medical profession, we agree that "Babies are the most important people."

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For Older Nurses

[Continued from page 33]

The Regular Army chief nurse of a large Army hospital says that "If nursing is to be your career, you can't beat the Army." She thinks the younger the nurse enters the Army for a career, the better, but admits that today the youngest nurses are leaving and those who are entering are the older nurses. In some cases, nurses with specialties are admitted, even though they are beyond the regular re-admittance age.

The career nurse in the Army may continue in bedside nursing if she prefers it to administration, and has a choice of services. Interested nurses are very enthusiastic about peacetime Army service. One of the principal objections of new Army nurses is to moving from post to post. "But when you have made several moves you always discover some one you knew before," this Army career nurse relates.

While Army nurses tend to find hospitals which are away from city centers discouraging, they have a compensating financial advantage that nurses notice. Army nurses in isolated California valleys saved money, while their friends in San Francisco found it easy to spend more than they received at the city's many shops and places of entertainment. In the Army, as elsewhere, nurses need hobbies or handcraft so that knitting amuses them, or dressing dolls for war orphans takes their minds away from personal gripes.

The postgraduate courses offered

"Winter
taught me
about the
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If you will write to us and tell us who you are and what you've done and what you'd like to do . . . if you will sit and write it like you'd write to an old friend . . . we will help you to find the job you want.

It may be that the work you are doing today is "the finest job in the world"; maybe it is and you haven't given it a chance, haven't put into it all of the earnestness and fire and fight that makes almost *any* job fine.

But, if you *have* done the best you know how to do, if you *still* want a better job, a different job, an OPPORTUNITY to work in a job you'd love, then we suggest that you write to us, write as though you wrote to an old friend.

Hospitals and institutions, schools and universities, industry, group clinics and men in private practice come to us hunting for you. They ask for smart and earnest people, for physicians and surgeons, administrators, scientists, executive and staff nurses, dietitians, for *every* type of hospital and medical personnel . . . and we find the ones they want.

Maybe *you'd* be happier in one of our positions . . . maybe you'd love life more, do finer work. Write to us. We'll certainly help you to find out.

The MEDICAL BUREAU

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free to Army and Navy nurses (see October *R.N.*) present an opportunity to learn a specialty, such as anesthesia, dietetics, neuropsychiatry, occupational therapy, physical therapy, or ward supervision, without charge and on full pay. At present the nurse agrees to remain in service for two years after completing the course.

The Army, Navy, U.S.P.H.S. and V.A. now offer nurses the highest financial security during their career and for disability and retirement.

In the field of public health, two types of older nurses apply to the schools. Some are hospital nurses who feel the appeal of 9 to 5 hours, or private duty nurses to whom a regular salary looks good. Others are public health nurses who have not

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had a public health course, or have a certificate, but not a degree. The dean of a nursing school says, "Age isn't a question of time, but of attitudes. I often advise the older nurse to keep on with what she is doing, but the older nurse who wants more preparation should be encouraged."

Before the older nurse makes a complete change of field to public health, or any other field, she should survey herself and her opportunities in the field she is considering. "Nurses take themselves with them," this dean said. "Nurses who are problems would be problems wherever they are."

If the older nurse recognizes, for example, that her immediate problem is adjustment to the menopause, she should try to evaluate herself and



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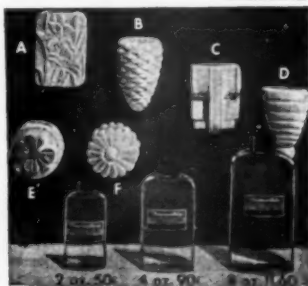
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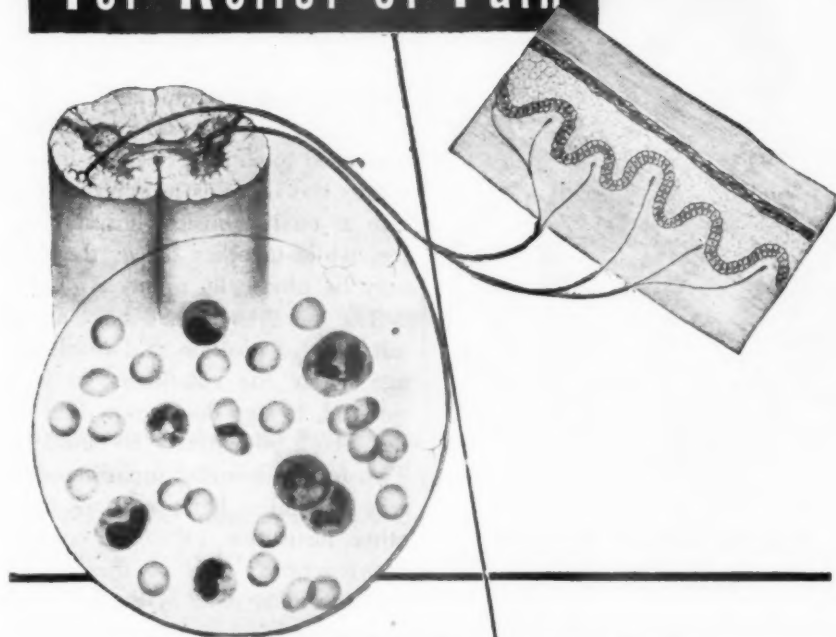
decide whether a few years will see her enthusiasm return for her present work, or whether this is the time for a break into a different future.

We need always to keep our respect and admiration for bedside nursing, so that the older nurse will decide whether she should be in a supervisory position, or at the bedside, upon her personal abilities, rather than upon social pressure. Tenure, or longevity pay, which gives a nurse raises every six months to a maximum, or every three years with no maximum, may increase the stability of bedside nursing as a real career, by recognizing that a staff nurse of experience might well be paid more than a new supervisor.

Older nurses who are looking for sitting-down jobs may find them in administration, in clinics, in anesthesia, and in nurses' registries and association offices. The great increase in personnel of nurses' professional organizations, from the expanded program on counseling and placement and on collective bargaining, means new jobs for nurses. Many of these nurses are in the older brackets. "One of our problems," a counselor said, "is to be sure that our nursing leaders have the qualifications for their positions, and are not there merely because they no longer have the zip for a hospital superintendency or general duty." Nurses who contemplate organization work should build their qualifications to meet the increasing standards by completion of degrees and postgraduate courses.

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clinics offer the older nurse an opportunity to improve public relations for nurses by gracious first contacts with patients.

Nurses who have retired on a pension are supplementing it by part-time work in a doctor's office. They find a variety of positions available, and need to choose, because in some offices the nurse is as physically active as on the busiest hospital service, while in other offices the nurse may be physically quiet.

The nurse who has held an administrative position and reaches an age where she volunteers, or is requested, to step down, may find that her chief adjustment is emotional. Two former hospital superintendents who had taken light positions in another institution exhibited contrasting reactions. One of them found that she must swallow the bitter pill of lessened prestige every day; it hurt her every time she walked into the huge dining room and sat with the floor nurses instead of at the administrator's table. The other ex-superintendent let the care of years slide from her shoulders, and welcomed every meal which she ate with girls in their twenties. The first seemed suddenly aged; the second developed a springy step. Snobbishness and false pride, which have seemed to hurt only her underlings, may suddenly take a fearful toll of an older nurse. They are luxuries which no nurse can afford.

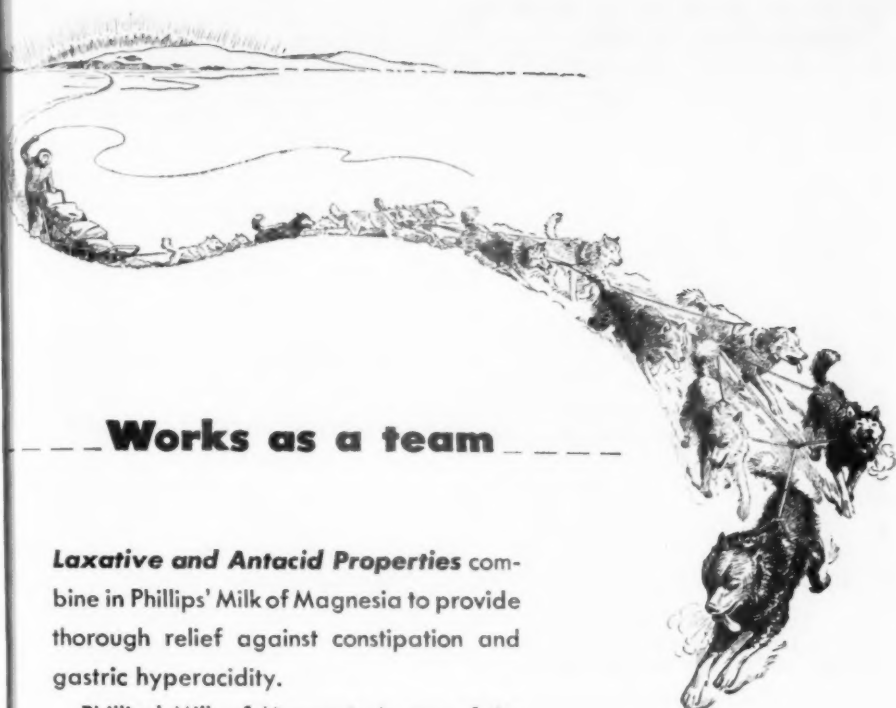
A not impossible career opportunity for the older nurse is marriage. Nurses who are clever enough to look at marriage as a career will

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bring the effort and intelligence to its success which they have formerly put into salaried work, and find a rich harvest. A nurse may look frankly at herself and say, "I wish I had married and had children soon after I graduated. But I would rather have marriage now than not at all." Nurses set calmly about case-finding the most obscure diseases. They may with equal self-frankness hunt the elusive bachelor or widower, and find their own happiness in curing his single-loneliness. A campaign for marriage begins by going where men are. Riding academies, golf courses, and fishing resorts are places of potential hunting. One position in Alaska lost four nurses by marriage within two years, and in other locales with preponderant males the opportunities may be equally good. Nurses who marry in middle life have found not only a worthwhile career but also a wealth of joy and giving which surprised themselves and their friends.

Since we all hope to be older some day, we must be sure that we have a sufficient professional background on which to rely, and that we watch our health. For with health, knowledge, and a good record, the older nurse will find a way. And nurses who are wise will enlarge their interests in the non-nursing world so that they will enjoy the years of retirement which follow a successful nursing career.

Solution to Quiz on page 56:
ELIZABETH BLACKWELL



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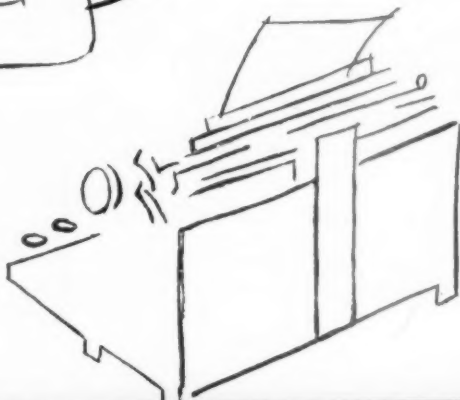
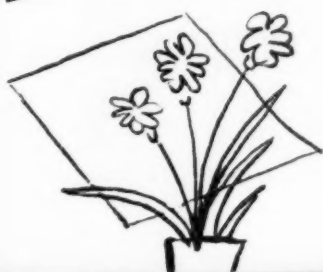


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ANESTHETIST: Michigan. Living quarters available and salary open in 500-bed hospital. Apply: E. M. Hendricks, R.N., Harper Hospital, 3825 Brush St., Detroit, Mich.

***ANESTHETIST:** Southwest. Nurse with several years successful experience who is willing to assume some administrative duties in busy clinic near New Orleans. (Placement bureau charges \$2 registration fee.) Box C-202.

***ANESTHETIST:** Virginia. Needed for general hospital of rather small size delightfully located in residential town of 40,000 a short distance from university. Salary \$275-\$300, with full maintenance. (Placement bureau charges \$2 registration fee.) Box MB2-1.

***ANESTHETIST:** South. To become associated with group staffed by 12 specialists all splendidly qualified; \$300; university town of 50,000. (Placement bureau charges \$2 registration fee.) Box MB2-2.

***ANESTHETISTS:** Hawaii. For general hospital approved by ACS and AMA which is opening new addition of approximately 250-bed capacity. Minimum salary \$250; transportation paid. (Placement bureau charges \$2 registration fee.) Box MB2-3.

ASSISTANT ANESTHETIST: New York. Also operating room nurses; \$175; full maintenance. General duty nurses needed for all shifts; 40-hour week; \$165; additional \$10 for evening and night duty; no maintenance; \$10 increases annually; vacation. Apply: Nursing Supervisor, John T. Mather Memorial Hospital, Port Jefferson, N.Y.

CAMP NURSE: Maine. Either public health or school nurse with excellent references wanted for boys' camp. Enrollment 80, excellent food, eight weeks season during July and August, doctor on staff. Apply Box SFC46.

DIRECTOR: Wisconsin. Degree required. Also have need for accredited public health nurses in newly organized V.N.A. Satisfactory salary arrangements can be made; vacation and sick

leave granted. Apply: Mrs. Homer H. Benton, 1105 E. Eldorado St., Appleton, Wis.

DIRECTORS, NURSING SERVICES: Wisconsin. A director of pediatrics is needed for a 250-bed nursery. Children of pre-school age; small contagious unit; degree required; \$280.52 without maintenance; \$223.26 with full maintenance. A director of tuberculosis nursing service wanted for 500-bed sanatorium. Degree necessary; \$277.26 with full maintenance. Annual salary increments, annuity and retirement system. Apply: Milwaukee County Civil Service Commission, Room 206, Courthouse, Milwaukee 3, Wis.

DIRECTRESS OF NURSES AND EDUCATION: Vermont. Nurse with degree and experience capable of reorganizing training school in 55-bed general hospital; 35 students and 10 staff nurses. Salary \$200 with full maintenance and private suite. Also need a dietitian with Vermont registration and purchasing experience. Apply: Brightlook Hospital, St. Johnsbury, Vt.

***EXECUTIVE SECRETARY:** South. For district state nurses' association with present membership of 600. Desirable location; minimum salary \$3,000 (Placement bureau charges \$2 registration fee.) Box MB2-7.

GENERAL DUTY NURSES: Minnesota. Three needed by May 1, 1947 for 30-bed hospital in town of 5,000; \$135, plus board and laundry. Apply: Supt., Community Hospital, St. Peter, Minn.

GENERAL DUTY NURSES: Wyoming. New hospital of 30 to 40-bed capacity needs two nurses. Salary \$160 with full maintenance; 8-hour duty; 6-day week. Apply: Converse County Memorial Hospital, Douglas, Wyo.

GENERAL DUTY NURSES: Pennsylvania. Good salary, full maintenance, excellent food, vacations and sick leave privileges, free insurance at small hospital. Apply: Northern Liberties Hospital, 7th & Brown Sts., Philadelphia 23, Pa.

GENERAL DUTY NURSES: New York. For 3-11 and 11-7 shifts; \$165, meals and laundry. Apply: Veterans Memorial Hospital, Ellenville, N.Y.

GENERAL DUTY NURSES: Idaho. Modern, 20-bed county hospital offers good experience

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in all types of nursing; \$150, full maintenance. Apply: Supt. of Nurses, Oneida Hospital, Malad City, Idaho.

GENERAL DUTY NURSES: Virginia. For labor and delivery room; nursery and central supply; also medical-surgical nurses; \$145, maintenance; \$165, one meal and laundry; \$5 additional for 3-11 and 11-7 shifts; vacation. Apply: Supt. of Nursing, Alexandria Hospital, Alexandria, Va.

GENERAL DUTY NURSES: Connecticut. Good salary plus \$10 bonus for 3-11 and 11-7 shifts in a 120-bed hospital; straight 8-hour shifts, 6-day week; live in or out. Apply: Supt. of Nurses, Manchester Memorial Hospital, Manchester, Conn.

***INSTRUCTOR, NURSING ARTS:** North Central State. Approved general hospital will pay \$3,600 with maintenance. (Placement bureau charges \$2 registration fee.) Box C-203.

***INSTRUCTOR, PSYCHIATRIC NURSING:** Midwest. Excellent salary for candidate with master's degree. Living quarters on the campus are large and pleasant. (Placement bureau charges \$2 registration fee.) Box C-204.

NIGHT NURSE: Michigan. For general duty in small 16-bed hospital in resort town. \$150, partial maintenance. Also need day nurse. Apply: Bad Axe General Hospital, Bad Axe, Mich.

NIGHT NURSE: Michigan. For 11-7 shift in 20-bed general hospital serving four doctors. \$212.80, good living conditions, fine food. Apply: Supt., Oaklawn Hospital, Marshall, Mich.

***OFFICE NURSE:** Chicago. Qualified in surgery for position in office of prominent neurosurgeon; advantageous if able to use typewriter; \$175. (Placement bureau charges \$2 registration fee.) Box MB2-25.

OFFICE NURSE: Iowa. Minor surgery and laboratory work, assist with X-ray and patients' examinations, take blood specimens. No Sunday, night, or holiday work; \$150-\$200. Apply: Dr. R. L. Gorrell, The Gorrell Hospital, 227 First Ave., Clarion, Iowa.

OPERATING ROOM NURSES: New York. Also staff nurses. A 44-hour week and \$200 a month minimum salary. Apply: Israel Zion Hospital, Brooklyn 19, N.Y.

*Listed by placement bureau.

STAFF NURSES: Washington, D.C. Relatively new hospital of small size with all graduate staff; \$165, live in; \$175, live out. Increase after six months. Apply: Eastern Dispensary and Casualty Hospital, Mass. Ave. at 8th St., N.E., Washington, D.C.

***STAFF NURSES:** San Francisco area. Three obstetrical and two surgical; new hospital located in town of 10,000; salaries \$175 and \$190 respectively, with full maintenance in new nurses' home. (Placement bureau charges \$2 registration fee.) Box MB2-12.

***STAFF NURSES:** Hawaii. Small plantation hospital; complete maintenance; transportation refunded after year's service. (Placement bureau charges \$2 registration fee.) Box MB2-13.

STAFF NURSES: Texas. For private hospital with new nurses' home under construction; 6-day week; \$180 less \$20 for full maintenance. Apply: Big Spring Hospital Corp., Big Spring, Tex.

STAFF NURSES: Ohio. For 8-hour shift in 170-bed tuberculosis hospital; \$145. Apply: Supt. of Nurses, Mahoning TB Sanatorium, 4880 Kirk Road, Youngstown 7, Ohio.

STAFF NURSES: Ohio. Needed for medical, surgical, and obstetrical departments of 135-bed approved general hospital; \$7 per day; \$7.60 evenings; \$7.40 nights. Rooms available in vicinity. Apply: Director of Nursing Service, Glenville Hospital, Cleveland 8, Ohio.

STAFF NURSES: California. County TB hospital needs nurses for 8-hour shifts, 5-day week; overtime; holidays; vacation; sick leave; retirement plan; \$195 to start; maintenance available at \$45. Apply: Supt. of Nurses, Arroyo Del Valle of Alameda County, Livermore, Calif.

STAFF NURSES: New York. For 45-bed general hospital; 8-hour duty; 48-hour week; \$175 to start. Apply: Ethel Low, Maimonides Hospital, Liberty, N.Y.

STAFF NURSES: Virginia. Neuropsychiatric hospital of 55-bed capacity; 6-day week; 8-hour day; \$150 with maintenance; 12-hour night duty with additional pay. Apply: Supt., Tucker Hospital, 212 W. Franklin St., Richmond, Va.

STAFF NURSES: California. General hospital of 225-bed capacity; straight 8-hour shifts;

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2000 lb.	2000 lb.	1500 lb.	750 lb.	375 lb.
1500 lb.	1500 lb.	1000 lb.	500 lb.	250 lb.
1000 lb.	1000 lb.	500 lb.	250 lb.	125 lb.

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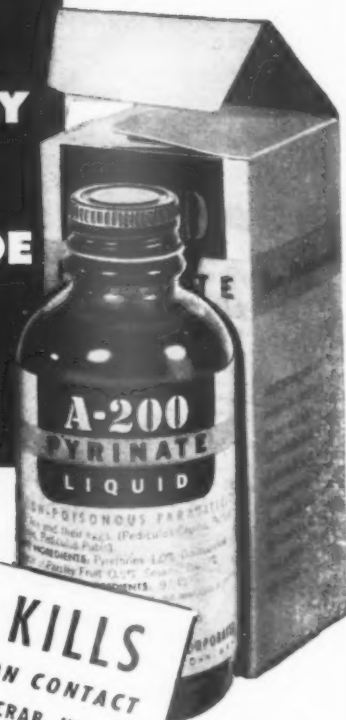
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¹ Cushny, A. R.: *Pharmacology and Therapeutics*, Philadelphia, Lea & Febiger, 1940.

² Thienes, C. H.: *Fundamentals of Pharmacology*, New York, Paul B. Hoeber, 1945.

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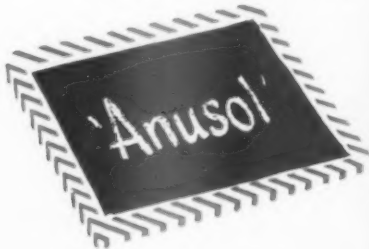


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